

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: <div style="text-align: center; font-size: 24px;">18</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. Oliver S ----- NICKNAME LAST SUFFIX Stan Kitzman Jr.	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 53 PATTISON TEXAS 77466		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 298-7504		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MRS. ERIN E ----- NICKNAME LAST SUFFIX SANDERS		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3415 5th ST. BROOKSHIRE TEXAS 77423	<div style="text-align: center;"> DEBBIE HOLLAN COUNTY CLERK WALLER COUNTY, TX. DEPUTY </div> <div style="text-align: center; font-weight: bold; color: blue;"> 2014 JAN 15 PM 2:08 FILED </div>	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 375-8255		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 2013 THROUGH 12 / 31 / 2013		
11 ELECTION	ELECTION DATE Month Day Year 3 / 4 / 2014	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) WALLER Co. Commissioner Precinct 4	13 OFFICE SOUGHT (if known) WALLER COUNTY JUDGE		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME Stan Kitzman **15 ACCOUNT # (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)

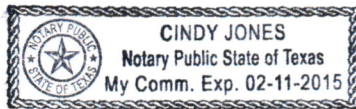
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO 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	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,715.75
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 5.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,903.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 14,560.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,500.00

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.



Stan Kitzman
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said STAN KITZMAN, this the 15 day of JANUARY, 20 14, to certify which, witness my hand and seal of office.

Cindy Jones
Signature of officer administering oath

CINDY JONES
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 Schedule A: 11	
2 FILER NAME Stan Kitzman		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-03-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim A. PALAVAN 6 Contributor address; City; State; Zip Code 406 E. 20th ST. HOUSTON, TX 77008	7 Amount of contribution (\$) 1000 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8-17-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL E. MONTGOMERY Contributor address; City; State; Zip Code PO Box 1485 BROOKSHIRE, TX 77423	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-20-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLEN BOONE HOMPHERS ROBINSON LLP Contributor address; City; State; Zip Code 3200 SOUTHWEST FREEWAY, STE 2600 HOUSTON, TX 77027	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-20-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDY RANDERMAN Contributor address; City; State; Zip Code 903 WINDSOR WOODS LN KATY, TX 77494	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-20-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT SMITH Contributor address; City; State; Zip Code 158 N. WILLOW POINT CIR. THE WOODLANDS, TX 77382	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Stan Kitzman		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-21-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAFF ASSOCIATES - STATE PAC 6 Contributor address; City; State; Zip Code 1201 N. BOWSER RD RICHARDSON, TX 75081	7 Amount of contribution (\$) 500 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8-23-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVEN D. ALVIS Contributor address; City; State; Zip Code 8827 W. SAM HOUSTON PKWY N. STE 200 HOUSTON, TX 77040	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-28-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COSTELLO, INC; PAC Contributor address; City; State; Zip Code 9990 RICHMOND AVE, STE 450 HOUSTON, TX 77042	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-29-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLENN PLOWMAN Contributor address; City; State; Zip Code PO BOX 649 SIMONTON, TX 77476	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-4-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Russ Contributor address; City; State; Zip Code 10555 WESTOFFICE DR. HOUSTON, TX 77042	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Stan Kitzman		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-9-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KERRY R. GILBERT	7 Amount of contribution (\$) 500 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 20414 CHADBURY PARK DR. KATY, TX 77450		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9-11-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARTHUR D. DAVIS	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 451 KATY, TEXAS 77492		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-11-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RONALD W. HENRIKSEN	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8831 STABLE LANE HOUSTON, TX 77024		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-12-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLEN BOONE HUMPHRIES ROBINSON LLP	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3200 SOUTHWEST FREEWAY, STE 2600 HOUSTON, TX 77027		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-12-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEMACHANDRA P. KOLLURU	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 94 HEATHROW LANE SUGAR LAND, TX 77479		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: center;">11</p>	
2 FILER NAME <p style="text-align: center;">Stan Kitzman</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <p style="text-align: center;">9-13-13</p>	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) REPUBLIC SERVICES, INC. EMPLOYEES BETTER GOVERNMENT PAC 6 Contributor address; City; State; Zip Code 18500 NORTH ALLIED WAY PHOENIX, AZ 85054	7 Amount of contribution (\$) <p style="text-align: center;">500⁰⁰</p>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p style="text-align: center;">9-13-13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL CALLANAN Contributor address; City; State; Zip Code 11627 POSSUM HOLLOW LN HOUSTON, TX 77065	Amount of contribution (\$) <p style="text-align: center;">500⁰⁰</p>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">9-16-13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOME-PAC GREATER HOUSTON BUILDERS ASSOC. Contributor address; City; State; Zip Code 9511 W. SAM HOUSTON PKWY N, HOUSTON, TX 77064	Amount of contribution (\$) <p style="text-align: center;">500⁰⁰</p>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">9-17-13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRYAN JORDAN Contributor address; City; State; Zip Code 6335 GULFTON HOUSTON, TX 77081	Amount of contribution (\$) <p style="text-align: center;">500⁰⁰</p>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">9-17-13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDREW M. PADERANGA Contributor address; City; State; Zip Code 4802 SANDERFORD CT KATY, TX 77494	Amount of contribution (\$) <p style="text-align: center;">500⁰⁰</p>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Stan Kitzman		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-17-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) F. PAUL CELAURO	7 Amount of contribution (\$) 500 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5326 McCULLOCH CIR. HOUSTON, TX 77056		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9-17-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFF VOGLER	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2925 BRIARPARK, STE 275 HOUSTON, TX 77042		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-17-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COSTELLO, INC. PAC	Amount of contribution (\$) 215 ⁷⁵	In-kind contribution description (if applicable) FUNDRAISER BREAKFAST SERVICES
Contributor address; City; State; Zip Code 9990 RICHMOND AVE, STE 450 HOUSTON, TX 77042		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-30-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM GONZALES	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11111 WILCRGST GREEN #250 HOUSTON, TX 77042		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-16-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARTHUR D. DAVIS	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 451 KATY, TX 77492		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Stan Kitzman		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-26-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANN T. TURNER	7 Amount of contribution (\$) 250 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 20719 KENDRA KATY, TX 77450		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8-29-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES T. PUGH	Amount of contribution (\$) 250 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10000 CEDAR CREEK CT BROOKSHIRE TX 77423		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-2-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STAN STANLEY	Amount of contribution (\$) 250 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 24611 STOUGHTON COURT KATY, TX 77494		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-4-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WELCOME WILSON, JR	Amount of contribution (\$) 250 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5858 WESTHEIMER, STE 800 HOUSTON, TX 77057		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-10-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COBB FENDLEY PAC	Amount of contribution (\$) 250 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13430 NORTHWEST FREEWAY HOUSTON, TX 77040 STE 1100		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Stan Kitzman		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-20-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDA McDONOUGH	7 Amount of contribution (\$) 500 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3 PIN OAK ESTATES DR BELLAIRE, TX 77401		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9-12-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AGUIRRE + FIELDS LP PAC	Amount of contribution (\$) 250 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12999 JESS PIRTLE BLVD SUGAR LAND, TX 77478		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-3-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES D. ROSS	Amount of contribution (\$) 250 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 19910 ASTILBE CT SPRING, TX 77379		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-13-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIMOTHY E. BUSCHA	Amount of contribution (\$) 250 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 15500 CUTTEN RD APT 406 HOUSTON, TX 77070		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-16-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALAN B. McREE	Amount of contribution (\$) 250 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 16206 MORNING PINE TRAIL CYPRESS, TX 77433		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Stan Kitzman		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-17-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUZANNE H. STRANGE	7 Amount of contribution (\$) 250 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 24823 LAKEBRIAR DR. KATY, TX 77494		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9-17-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMIR MIRESKANDARI	Amount of contribution (\$) 250 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 331 PINEHAVEN DRIVE HOUSTON, TEXAS 77024		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-17-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YUVAL RAN	Amount of contribution (\$) 250 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4809 HOLT ST BELLAIRE, TX 77401		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-17-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FABOL HUGHES	Amount of contribution (\$) 250 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2715 PATNA DRIVE KATY, TEXAS 77493		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-17-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOAN R. LEDFORD	Amount of contribution (\$) 250 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 35519 PONTIAC BROOKSHIRE TX 77423		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: center;">11</p>	
2 FILER NAME <p style="text-align: center;">Stan Kitman</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <p style="text-align: center;">12-10-13</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">ELEANOR L. KITZMAN</p>	7 Amount of contribution (\$) <p style="text-align: center;">250⁰⁰</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="text-align: center;">PO Box 2483 AUSTIN TX 78768</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p style="text-align: center;">9-9-13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">DAVID MINZE</p>	Amount of contribution (\$) <p style="text-align: center;">100⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">6205 FRANZ RD KATY TX 77492</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">9-10-13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">MARY L. WALDROP</p>	Amount of contribution (\$) <p style="text-align: center;">100⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">PO Box 516 BROOKSHIRE, TX 77423</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">9-11-13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">DAVID HANNAH III</p>	Amount of contribution (\$) <p style="text-align: center;">100⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">2312 PECKHAM ST HOUSTON, TX 77019</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">9-12-13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">TED KRENEK</p>	Amount of contribution (\$) <p style="text-align: center;">100⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">PO Box 491 PATTISON, TX 77466</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: center;">11</p>	
2 FILER NAME <p style="text-align: center;">Stan Kitzman</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <p style="text-align: center;">9-13-13</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">JOEC A. TRIMM JR.</p>	7 Amount of contribution (\$) <p style="text-align: center;">100⁰⁰</p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="text-align: center;">5960 WHISPERING LAKES DR. KATY, TX 77493</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p style="text-align: center;">9-16-13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">JAMES C. PEYTON</p>	Amount of contribution (\$) <p style="text-align: center;">100⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">18327 HEATON DR. HOUSTON, TX 77084</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">9-17-13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">CONSOLIDATED COMMUNICATIONS PAC</p>	Amount of contribution (\$) <p style="text-align: center;">100⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">350 S. LOOP 336 WEST CONROE, TX 77304</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">9-17-13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">DOYLE G. CALLENDER</p>	Amount of contribution (\$) <p style="text-align: center;">100⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">906 CARNATION KATY, TX 77493</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="text-align: center;">9-17-13</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">BILL FRY</p>	Amount of contribution (\$) <p style="text-align: center;">100⁰⁰</p>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <p style="text-align: center;">32259 MORTON RD BROOKSAIRE TX 77423</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Stan Kitzman		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-17-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. L. ROSE	7 Amount of contribution (\$) 100 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1707 STORM RD BROOKSHIRE TX 77423		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9-17-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALLACE EVERITT	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 661 PATTISON, TX 77466		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-20-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM B. KITZMAN	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 162 PATTISON TX 77466		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-15-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLENN BECKENDORFF	Amount of contribution (\$) 200 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 28423 MORTON RD KATY TX 77493		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-17-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAYMOND DOLLINS	Amount of contribution (\$) 300 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 900 KATY, TX 77492		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME Stan Kitman	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8-17-13	5 Payee name GARY TILTON FIREFIGHTER TRAINING FUND	
6 Amount (\$) 200 ⁰⁰	7 Payee address; City; State; Zip Code PO BOX 241 KATY TEXAS 77492	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) DONATION	(b) Description (If travel outside of Texas, complete Schedule T) AUCTION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9-12-13	Payee name BROOKWOOD COMMUNITY	
Amount (\$) 158 ⁸⁴	Payee address; City; State; Zip Code 1752 FM 1489 BROOKSHIRE TX 77423	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) ITEMS TO DONATE TO PAVED AUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9-14-13	Payee name PATTISON AREA VOLUNTEER FIRE DEPARTMENT	
Amount (\$) 260 ⁰⁰	Payee address; City; State; Zip Code PO BOX 442 PATTISON, TX 77466	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (If travel outside of Texas, complete Schedule T) AUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9-18-13	Payee name WALLER COUNTY FAIR ASSOCIATION	
Amount (\$) 100 ⁰⁰	Payee address; City; State; Zip Code 22000 Fairgrounds Rd. Hempstead, TX 77445	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (If travel outside of Texas, complete Schedule T) SR CITIZEN DAY
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME Stan Kitzman	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-2-13	5 Payee name END ZONE ATHLETICS	
6 Amount (\$) 610 ⁰⁰	7 Payee address; City; State; Zip Code PO BOX 530898 GRAND PRAIRIE TX 75053	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) T-SHIRTS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-19-13	Payee name PATTISON UNITED METHODIST CHURCH	
Amount (\$) 490 ⁰⁰	Payee address; City; State; Zip Code P.O. Box 67 Pattison, TX 77466	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) DONATION	Description (If travel outside of Texas, complete Schedule T) FALL FESTIVAL AUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-23-13	Payee name TODD SMITH + ASSOCIATES	
Amount (\$) 6,000 ⁰⁰	Payee address; City; State; Zip Code 2204 HAZELTINE LN AUSTIN, TEXAS 78747	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) SIGNS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-18-13	Payee name POSTMASTER	
Amount (\$) 38 ⁰⁰	Payee address; City; State; Zip Code PATTISON, TEXAS 77466	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) BOX RENTAL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME Stan Kitzman	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11-9-13	5 Payee name Republican Party of Waller County Primary Fund
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6 Amount (\$) 750 ⁰⁰	7 Payee address; City; State; Zip Code 1015 Aster Katy, Tx 77493
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fee	(b) Description (If travel outside of Texas, complete Schedule T) Filing Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-4-13	Payee name Republican Party of Waller County Primary Fund
-----------------	--

Amount (\$) 750 ⁰⁰	Payee address; City; State; Zip Code 1015 Aster Katy, TX 77493
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) Filing Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-12-13	Payee name Country Park Portraits
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Amount (\$) 189 ⁴⁴	Payee address; City; State; Zip Code 555 Park Grove Lane Katy, TX 77450
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Photographs/Portraits
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-17-13	Payee name Times Tribune
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Amount (\$) 177 ⁹⁵	Payee address; City; State; Zip Code PO Box 1549 Brookshire, TX 77423
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Newspaper Ad
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME Stan Kitzman	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12-20-13	5 Payee name STAN KITZMAN	
6 Amount (\$) 174 ⁰⁰	7 Payee address; City; State; Zip Code PO Box 53 PATTISON, TX 77466	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) REIMBURSEMENT	(b) Description (If travel outside of Texas, complete Schedule T) WEBSITE DOMAIN
9 Complete ONLY 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Stan Kitzman	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12-19-13	5 Payee name DOT EASY TECHNOLOGY INC.	
6 Amount (\$) 174. ⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3602 GILMORE WAY BURNABY, BC CANADA V5G 4W9	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FEE	(b) Description (If travel outside of Texas, complete Schedule T) WEBSITE DOMAIN
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 (If travel outside of Texas, complete Schedule T)
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 (If travel outside of Texas, complete Schedule T)
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 (If travel outside of Texas, complete Schedule T)

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