

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: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr.	FIRST Oliver	MI S.
	NICKNAME Stan	LAST Kitzman	SUFFIX Jr.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: P.O. Box 53	APT / SUITE #: Pattson, TX	CITY: STATE: ZIP CODE 77464
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 298-7504
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mrs.	FIRST Erin	MI E.
	NICKNAME	LAST Sanders	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE): 3415 5th St.	APT / SUITE #: Brookshire TX	CITY: STATE: ZIP CODE 77423
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 375-8255	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
10 PERIOD COVERED	Month Day Year 1 / 1 / 2014	THROUGH	Month Day Year 1 / 23 / 2014
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 Co. Judge	

OFFICE USE ONLY

Date Received: **February 3, 2014**

FILED FOR RECORD AT **8:48** O'CLOCK **A**M

DEBBIE HOLLAND
COUNTY CLERK, WALLER COUNTY, TEXAS

BY *[Signature]*

FILED

* **Feb 3 2014 JAN 31 AM 9:48**

DEBBIE HOLLAND
COUNTY CLERK, WALLER COUNTY, TEXAS

* Date stamp was not set to the correct date. **80-**

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.

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23,060.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,877.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 32,184.94
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 OLIVER S. KITZMAN, JR., this the 3 day of Feb, 20 14, to certify which, witness my hand and seal of office.

M. Cobio
Signature of officer administering oath

Maria C Cobio
Printed name of officer administering oath

clerk
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: 9	
2 FILER NAME Stan Kitzman		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-3-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE CLOPTON	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO BOX 341 PATTON TX 77466		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-12-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KARL MICKLITZ	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 366 BROOKSHIRE TX 77423		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-21-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID MINZE	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 663 KATY TX 77492		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-9-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOYLE CALLENDER	Amount of contribution (\$) 150⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 906 CARNATION KATY TX 77493		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-12-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES PEYTON	Amount of contribution (\$) 150⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 18327 HEATON DR HOUSTON TX 77084		(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: 9	
2 FILER NAME Stan Kitzman		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-22-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DON MCGUIRT	7 Amount of contribution (\$) 200⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code #12 LEGEND LANE HOUSTON TX 77024		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-7-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIM FAGAN	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4096 ROBICHAUX RD BROOKSAIRE TX 77423		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-10-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES PUGH	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10000 CEDAR CREEK CT BROOKSAIRE TX 77423		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-12-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STAN STANLEY	Amount of contribution (\$) 250⁰⁰	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 1-13-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUZANNE STRANGE	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 24823 LAKE BRIAR DR. KATY TX 77494		(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: 9	
2 FILER NAME Stan Kitzman		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-13-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ARNOLD ENGLAND	7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO BOX 292 BROOKSAIRE TX 77423		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-15-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DON GARRETT	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 28432 HEGAR RD HOCKLEY TX 77474		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-16-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TERRANE HLAVINKA	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 1188 EAST BENARD TX 77435		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-16-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GARY TRIETSCH	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14911 KIMBERLY LN HOUSTON TX 77079		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-16-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DELVIN DENNIS	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14607 WAPLINGTON DR HOUSTON, TX 77044		(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 1-16-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J L ROSE 6 Contributor address; City; State; Zip Code 1707 STORM RD BROOKSHIRE TX 77423	7 Amount of contribution (\$) 250 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-17-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GLENN BECKENDORFF Contributor address; City; State; Zip Code 28423 MORTON RD KATY TX 77493	Amount of contribution (\$) 250 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-14-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J.R. DOLLINS Contributor address; City; State; Zip Code PO BOX 900 KATY TX 77492	Amount of contribution (\$) 300 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-7-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: EUILIO FERNANDEZ JR Contributor address; City; State; Zip Code 1010 DEBRA TERRACE CT HOUSTON TX 77077	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-10-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANDY MEYER'S CAMPAIGN Contributor address; City; State; Zip Code 423 LONGVIEW DR. SUGAR LAND TX 77478	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: 9	
2 FILER NAME Stan Kitzman		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-10-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# C00428391) REPUBLIC SERVICES INC EMPLOYEES BETTER GOVERNMENT PAC	7 Amount of contribution (\$) 500⁰²	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 18500 NORTH ALLIED WAY PHOENIX AZ 85054		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-13-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ROBERT SMITH	Amount of contribution (\$) 500⁰²	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 16800 FALCON SOUND DR MONTGOMERY TX 77356		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-14-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) LINDA McDONOUGH	Amount of contribution (\$) 500⁰²	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3 PIN OAK ESTATES DR. BELLAIRE TX 77401		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-14-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) GREATER HOUSTON BUILDERS ASSOC HOME - PAC	Amount of contribution (\$) 500⁰²	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9511 W. SAM HOUSTON PKWY N HOUSTON TX 77064		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-15-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DAVID R. TINNEY	Amount of contribution (\$) 500⁰²	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 17319 FAIRGROVE PARK DR. HOUSTON TX 77095		(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 1-16-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HEMACHANDRA P. KOLURU	7 Amount of contribution (\$) 500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 94 HEATHROW LANE SUGAR LAND TX 77479		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-20-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WALTER P. SASS	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2707 AUTUMN LAKE DR. KATY TX 77450		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-22-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) D.M. LEMAK	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2118 LILAC MEADOWS LN RICHMOND, TX 77407		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-9-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RONALD W. HENRIKSEN	Amount of contribution (\$) 750⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8831 STABLE LN HOUSTON TX 77024		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-7-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DONNA DALTON	Amount of contribution (\$) 1000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1011 KINGS GATE CIR KATY TX 77494		(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: 9	
2 FILER NAME Stan Kitzman		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-8-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: AGUIRRE + FIELDS LP PAC 6 Contributor address; City; State; Zip Code 12999 JESS PIRTLE BVD SUGAR LAND TX 77478	7 Amount of contribution (\$) 1000⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-8-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RANDY RANDELMANN Contributor address; City; State; Zip Code 903 WINSOR WOODS LN KATY TX 77494	Amount of contribution (\$) 1000⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-13-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ALEX BOONE HUMPHRIES ROBINSON LLP Contributor address; City; State; Zip Code 3200 SOUTHWEST FREEWAY HOUSTON, TX 77027 STE 2600	Amount of contribution (\$) 1000⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-13-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HALFF ASSOCIATES STATE PAC Contributor address; City; State; Zip Code 1201 N BOWSER RD RICHARDSON TX 75081	Amount of contribution (\$) 1000⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-14-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES DANNENBAUM Contributor address; City; State; Zip Code 3100 W ALABAMA ST. HOUSTON TX 77098	Amount of contribution (\$) 1,000⁰⁰	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: 9	
2 FILER NAME Stan Kitzman		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-15-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLENN FLOWMAN	7 Amount of contribution (\$) 1000⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO BOX 649 SIMONTON TX 77476		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1-16-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Russ	Amount of contribution (\$) 1000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10555 WESTOFFICE DR HOUSTON, TX 77042		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-20-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas STRAH	Amount of contribution (\$) 1000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5840 AVENUE ST HOUSTON, TX 77005		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-16-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COSTELLO INC PAC	Amount of contribution (\$) 1500⁰⁰	In-kind contribution description (if applicable)
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 1-15-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IAS ENGINEERING GROUP PAC	Amount of contribution (\$) 2000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13333 NORTHWEST FRWT STE 300 HOUSTON, TX 77040		(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 1-16-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVEN D. ALVIS	7 Amount of contribution (\$) 1010⁰⁰	8 In-kind contribution description (if applicable) FUNDRAISER BREAKFAST SERVICES
6 Contributor address; City; State; Zip Code 8827 W. SAM HOUSTON PKWY N STE 200 HOUSTON, TX 77040		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: 2	2 FILER NAME Stan Kitzman	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1-1-14	5 Payee name Todd Smith + Associates
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6 Amount (\$) 2,500.00	7 Payee address; City; State; Zip Code 2204 Hazeltine Ln. Austin TX 78747
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising + Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) campaign material
---------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-4-14	Payee name Steinhausers
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Amount (\$) 215.96	Payee address; City; State; Zip Code 34350 Katy Fwy 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) Sign materials
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-17-14	Payee name Hot Line Press
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Amount (\$) 156.62	Payee address; City; State; Zip Code 1116 Austin St. Hempstead, TX 77445
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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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Date 1-17-14	Payee name Waller County News Citizen
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Amount (\$) 100.00	Payee address; City; State; Zip Code 705 12th St. Hempstead, TX 77445
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 2	2 FILER NAME Stan Kitzman	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1-17-14	5 Payee name Daystar Publishing (The Times Tribune)
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6 Amount (\$) 346.50	7 Payee address; City; State; Zip Code P.O. Box 1549 Brookshire TX 77425
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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) Ad - Newspaper
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-17-14	Payee name The Katy Times
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Amount (\$) 698.50	Payee address; City; State; Zip Code 5319 E. 5th St. Katy Tx 77493
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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) Ad - Newspaper
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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 1-17-14	Payee name The Waller Times
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Amount (\$) 267.75	Payee address; City; State; Zip Code 2323 Main St. Waller TX 77484
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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) Ad - Newspaper
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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 1-20-14	Payee name Friends of Royal FFA
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Amount (\$) 140.00	Payee address; City; State; Zip Code PO Box 32 Brookshire TX 77423
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Auction
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 2	2 FILER NAME Stan Kitzman	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1-1-14	5 Payee name Doteasy Technology Inc.
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6 Amount (\$) 178.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3602 Gilmore Way, Ste 210 Burnaby BC Canada V5G 4W9
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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) Website Hosting + Virus Protection
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Date 1-3-14	Payee name Brookshire Hardware
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Amount (\$) 23.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 758 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) Sign materials
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Date 1-10-14	Payee name Brookwood Community
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Amount (\$) 120.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1752 FM 1489 Rd. Brookshire TX 77423
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Items donated to Friends of Royal FFA
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Date 1-10-14	Payee name Brookwood Community
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Amount (\$) 105.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1752 FM 1489 Rd. Brookshire TX 77423
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Items donated to Katy Chamber Auction
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 2	2 FILER NAME Stan Kitzman	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1-11-14	5 Payee name Brookshire Hardware
--------------------------	--

6 Amount (\$) 23.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 758 Brookshire TX 77423
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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) Sign materials
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Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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 (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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 (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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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