

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1


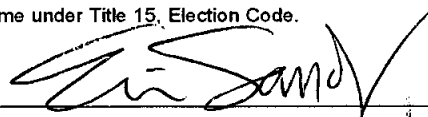

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed: 4 (+POA)
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Oliver MI: S NICKNAME: Stan LAST: Kitzman SUFFIX: Jr.	OFFICE USE ONLY Date Received: 2010 JAN 19 PM 4:49 Date Hand-delivered or Date Postmarked: Receipt #: Amount: Date Processed: Date Imaged:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P.O. Box 53 APT / SUITE #: CITY: Pathison STATE: TX ZIP CODE: 77466		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (281) PHONE NUMBER: 934-8301 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs. FIRST: Erin MI: E NICKNAME: Sanders LAST:		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 3415 5th St. APT / SUITE #: CITY: Brookshire STATE: TX ZIP CODE: 77423		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (281) PHONE NUMBER: 375-8255 EXTENSION:		
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: 11 / 30 / 09 THROUGH Month Day Year: 12 / 31 / 09		
11 ELECTION	ELECTION DATE Month Day Year: 3 / 2 / 10	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)	13 OFFICE SOUGHT (if known) Waller Co. Commissioner - Pct 4	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	-- 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:		

FILED
WALLER COUNTY CLERK
ELECTIONS DIVISION

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Stan Kitzman		16 ACCOUNT # (Ethics Commission Filers)																		
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="padding: 5px;"> COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/> </td> </tr> </table>	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>																		
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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 NOTARY STAMP / SEAL ABOVE	 Signature of Candidate or Officeholder POA Oliver S. Kitzman, Jr.																			
Sworn to and subscribed before me, by the said <u>Erin Sanders POA</u> , this the <u>15th</u> day of <u>JAN.</u> , 20 <u>10</u> , to certify which, witness my hand and seal of office.																				
 Signature of officer administering oath	Emily W HILLSMAN Printed name of officer administering oath	NOTARY 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: <u>1</u>	
2 FILER NAME <u>Stan Kitzman</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>12-2-09</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Oliver S. Kitzman, Sr.</u>	7 Amount of contribution (\$) <u>38.00</u>	8 In-kind contribution description (if applicable) <u>P.O. Box Rental</u>
6 Contributor address; City; State; Zip Code <u>6562 Buller Rd. Brookshire Tx 77423</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Retired</u>		10 Employer (See Instructions)	
Date <u>12-28-09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Oliver S. Kitzman, Sr.</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6562 Buller Rd. Brookshire Tx 77423</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 1

2 FILER NAME: **Stan Kitman** 3 ACCOUNT # (Ethics Commission filers)

4 Date 12-28-09	5 Payee name Waller Co. Republican Primary 6 Payee address; City; State; Zip Code P.O. Box 697 Pattison, TX 77466	8 Amount (\$) 750.00
7 Purpose of expenditure (See instructions regarding type of information required.) Filing Fee (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

STATUTORY DURABLE POWER OF ATTORNEY

I, Oliver S. Kitzman, Jr., of Pattison, Waller County, Texas, 77466, appoint Erin Sanders of 3415 5th Street, Brookshire, Waller County Texas 77423. as my agent to act fore me in any lawful way with respect to all of the following powers:

To execute any and all documents and transactions necessary and appropriate or relevant to my campaign office of Commissioner of Precinct four (4) of Waller County Texas for the primary and general elections during the years 2009 and 2010 including banking and other financial transactions.

SPECIAL INSTRUCTIONS

This Power of attorney is effective immediately and is not affected by my subsequent disability or incapacity AGREE THAT ANY THIRD PARTY WH RECEIVES A COPY OF THIS DOCUMENT MAY ACT UNDER IT. Revocation of the durable power of attorney is not effective as to a third party until the third party receives actual notice of the revocation. I agree to indemnify and hold harmless the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed on this the 27th day of November, 2009.

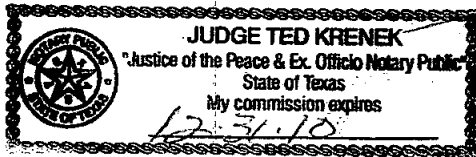



Oliver S. Kitzman, Jr.

THE STATE OF TEXAS

COUNTY OF WALLER

This document was acknowledged before me by Oliver S. Kitzman, Jr. on the 27th day of November 2009.

Notary Public
State of Texas

THE ATTORNEY IN FACT OR AGENT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILTIES OF AN AGENT.

C