

# 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: <b>5 (+POA)</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Oliver</b>	MI <b>S</b>	<b>FILED</b> WALLER COUNTY CLERK ELECTIONS DIVISION 2010 JUL 15 AM 10:56
	NICKNAME <b>Stan</b>	LAST <b>Kitman</b>	SUFFIX <b>Jr.</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <b>P.O. Box 53</b>	APT / SUITE #: <b>Pathison</b>	CITY: STATE: ZIP CODE <b>TX 77466</b>	
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE: PHONE NUMBER: EXTENSION: <b>(281) 934-8301</b>			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mrs.</b>	FIRST <b>Erin</b>	MI <b>E</b>	
	NICKNAME <b>Sanders</b>	LAST	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <b>3415 5<sup>th</sup> St. Brookshire TX 77423</b>			
	8 CAMPAIGN TREASURER PHONE AREA CODE: PHONE NUMBER: EXTENSION: <b>(281) 375-8255</b>			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>2 / 21 / 10    6 / 30 / 10</b>			
11 ELECTION	ELECTION DATE Month Day Year <b>11 / 2 / 10</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>Waller Co. Commissioner - Pct 4</b>		
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			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**15 C/OH NAME** Stan Kitman **16 ACCOUNT # (Ethics Commission Filers)**

**17 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

<b>18 CONTRIBUTION TOTALS</b>	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)	\$	50.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	8,786.98
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	58.71
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	9,500.00

**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.

Erin Sanders  
Signature of Candidate or Officeholder  
POA Oliver S. Kitman, Jr.

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ERIN SANDERS, this the 13th day of July, 2010, to certify which, witness my hand and seal of office.

Emily W. Hillsman  
Signature of officer administering oath

EMILY W. HILLSMAN  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule E: 1
<b>2</b> FILER NAME Stan Kitman		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
<b>5</b> Date of loan 2-22-10	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Oliver S. Kitman, Sr.	<b>9</b> Loan Amount (\$) 2,000.00
<b>6</b> Is lender a financial Institution? Y <input checked="" type="radio"/> N	<b>8</b> Lender address;   City:   State:   Zip Code 6502 Buller Rd. Brookshire, TX 77423	<b>10</b> Interest rate Ø
<b>12</b> Principal occupation / Job title (See Instructions) Retired		<b>11</b> Maturity date 48 mos
<b>13</b> Employer (See Instructions)		
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		
<b>15</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	<b>16</b> Name of guarantor ..... <b>17</b> Guarantor address;   City:   State:   Zip Code	<b>18</b> Amount Guaranteed (\$)
<b>19</b> Principal Occupation		<b>20</b> Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? Y    N	Lender address;   City:   State:   Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
Employer (See Instructions)		
Description of Collateral <input type="checkbox"/> none		
<b>GUARANTOR INFORMATION</b> <input type="checkbox"/> not applicable	Name of guarantor ..... Guarantor address;   City:   State:   Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

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

<b>POLITICAL EXPENDITURES</b>	<b>SCHEDULE F</b>
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule F: 1
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2 FILER NAME <b>Stan Kitman</b>	3 ACCOUNT # (Ethics Commission filers)
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4 Date 2-22-10	5 Payee name <b>Todd Smith + Associates</b> 6 Payee address; City; State; Zip Code <b>2204 Hazeltine Lane, Austin TX 78747</b>	7 Amount (\$) <b>2,250.00</b>
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8 Purpose of payment (See instructions regarding type of information required.) <b>Advertising</b> (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date 2-23-10	Payee name <b>Daystar Publishing</b> Payee address; City; State; Zip Code <b>P.O. Box 1549 Brookshire TX 77423</b>	Amount (\$) <b>181.13</b>
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Purpose of payment (See instructions regarding type of information required.) <b>Advertising</b> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# 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

2-22-10

5 Payee name

Todd Smith + Associates

6 Payee address; City; State; Zip Code

2204 Hazeltine Lane, Austin TX 78747

8 Amount (\$)

6,355.85

7 Purpose of expenditure (See instructions regarding type of information required.)

Advertising

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

Amount (\$)

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 5<sup>th</sup> 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.

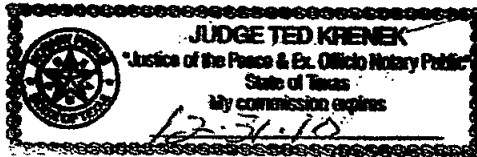
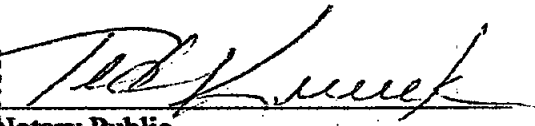
Signed on this the 27th day of November, 2009.

  
\_\_\_\_\_  
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 RESPONSIBILITIES OF AN AGENT.**

C