# 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:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Oliver	MI	OFFICE USE ONLY		
NAME	NICKNAME LAST	SUFFIX	Date Received 8		
CAMPIDATE	Stan Kitzman	Jr.	1 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.D. Box 53 Pathson, TX 77464	STATE: ZIPCODE	Date Hall etil/credui Possma Acci COR		
change of address			Receipt S C C C C C C C C C C C C C C C C C C	William Charles	
5 CANDIDATE/ OFFICEHOLDER PHONE	(832) 298 - 7504	EXTENSION	Date Process		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MVS. Evin NICKNAME LAST Sanders	SUFFIX	Date Images		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE): APT/SUITE#;  3415 5th St. BY	city: STATE; OOKShive TX	77423 20	The state of the s	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 375-8255	EXTENSION	DEBBIE HOLL COUNTY COL	Contraction of Contraction	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day, are campaign trassure appointment (attrebible only)		
	July 15 Sth day before election	Exceeded \$500 [imit	Pikal report (Attach C/ FR)	Sering and Sering Serin	
10 PERIOD COVERED	Month Day Year  1 / 1 / 2014 THROUGH	Month Day	Year 2014	Anna Contraction of the Contract	
11 ELECTION	BLECTION DATE  Month Day Year  3 / 4 / 2014  ELECTION TYPE  Primary	Runoff G	General Special		
12 OFFICE	OFFICEHELD (If any) WALLER CO. COMMISSIONER	13 OFFICE SOUGHT (if known)		1	
	PRECINCT 4	WALLER C	3. Jup6€		
GO TO PAGE 2					

www.ethics.state.tx.us

Revised 04/19/2013

\* Date Stamp was not set to the correct date.

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

(512) 463-5800

14 C/OH NAME	Kitzma	n ·	15 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	SPECIFIC COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
			•		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM!			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23,060.00		
EXPENDITURE TOTALS	3. TOTAL F	EMIZED \$			
	.4. TOTAL POLITICAL EXPENDITURES \$ 4,877.08				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	\$ 32,184.94		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	* 9,500.00		
18 AFFIDAVIT			Manufacture de la completa de la companya del la companya de la companya de la companya del la companya de la companya del la companya de la companya del la compa		
MARI	A C COBIO		of perjury, that the accompanying report		
My Com	olic, State of Texas mission Expires	JW1/2 1100	may		
O8	/24/2015	Signature of Ca	didate or Officeholder		
AFFIX NOTARY STAM	P / SEAL ABOVE				
Sworn to and subs	scribed before	ne, by the said Oziver 5. KITZMA	, JR, this the		
day	of tell	, 20, to certify which, witness	my hand and seal of office.		
m. Cost		Moria C Cabio	Clark		
Signature of officer admir	nistering oath	Printed name of officer administering oath	Title of officer administering oath		

#### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A: 9
2 FILER NAME Stav	n Kitzman		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	PATIBON TX 77466		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	eation / Job title (See Instructions)	10 Employer (See	nstructions)	
Date	Full name of contributor out-of-state PAC(ID#_KARL MICKLITZ Contributor address; City; State; Zip Code POBOX 366		Amount of contribution (\$)	In-kind contribution description (if applicable)
1-12-14	POBOX 366 BROOKSHIRE TX 774		10000	
				of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ DAV ID MIN ZE	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-21-14	DAVID MINZE  Contributor address; City; State; Zip Code  PO BOX 663		10000	
-	KATY TX 77492		(If travel outside of	I of Texas, complete Schedule T)-
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	,
Date	Full name of contributor out-of-state PAC/ID#_ DOYLE CALLENATR	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-9-14	DOYLE CALLENAER  Contributor address; City; State; Zip Code  906 CARNATION		15000	
	KATY TX 77493		ilf travel outside s	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		rexas, complete schedule ()
Date	Full name of contributor out-of-state PAC (ID#_	1	Amount of	In-kind contribution
1-12-14	JAMES PETTON Contributor address; City; State; Zip Code 18327 HEATON DR		contribution (\$)	description (if applicable)
	HOUSTON TX 77084		1	
Principal occup	ation / Job title (See Instructions)	Employer (See II	The second secon	of Texas, complete Schedule T)

## ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sol	nedule A: 9
2 FILER NAME Stan	Kitzman		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1-22-14	DON MCGURT  6 Contributor address; City; State; Zip Code  #12 LEGTNA LANE		200°2	
	HOUSTON TX 77021		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor Out-of-state PAC(ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
1-7-14	Contributor address; City: State; Zip Code 中の96 ROBICHAUX R上		2000	
	BROOKSAIRE TX 7	7423	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC(ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
H10-14	JAMES PUGH  Contributor address; City; State; Zip Code  10000 CEAAR CREEK	< CT	25000	
	BROOKSHIRE TX 77		(If travel outside	of Texas, complete Schedule T)-
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC(ID#	,	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-12-14	STAN STANLEY  Contributor address; City; State; Zip Code 24611 STONGATON C	OURT	25000	-
	KATY, TX 77494 vation / Job title (See Instructions)		THE RESERVE THE PROPERTY OF TH	of Texas, complete Schedule T)
- Tillopal occup	auton / 300 title (366 institutions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_  SUZAWNE STRAM  Contributor address; City; State; Zip Code  24823 LAKEBRIAR T	N6€	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-15-14	24823 LAKEBRIAR I KATY TX 77496	on. L	250=	
Principal occup	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
If c	ATTACH ADDITIONAL COPIES O			requirements.
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P.O. Box 12070

# SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:	
2 FILER NAME Stan	Kitzman		3 ACCOUNT # (E	Ethics Commission Filers)	
4 Date	5 Full name of contributorout-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
1-13-14	ARNOLD ENGLAND  6 Contributor address; City; State; Zip Code  PD BOX 292		250°2		
	BROOKSAIRE TX 776	123	(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
1-15-14	DON GARRETT  Contributor address; City; State; Zip Code  28432 HEGAR RD		25000		
	HOCKLEY TX 7747	4	(If travel outside	of Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See I			
Date	Full name of contributor out-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
1-16-14	Contributor address; City; State; Zip Code POBOX 1188		25000		
Annicas de de la companya de la comp	EAST BENDRA TX 7	7435	(If travel outside	of Texas, complete Schedule T)-	
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
1-16-14	GARY TRIETSCH Contributor address; City; State; Zip Code 14911 KIMBERLY LN		25000		
	HOUSTON TX 7707	9	(If travel outside	of Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
1-16-14		DR	25000		
Principal occup	HOUGTON, TX	Employer (See I	Commence of the Commence of th	of Texas, complete Schedule T)	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED		

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 9
2 FILER NAME Stav	n Kitzman		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1-16-14	J L ROSE 6 Contributor address; City; State; Zip Code 1707 STURM RD		250°2	
	BROOKSHIRE TX 7	7423	(If travel outside	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor  ut-of-state PAC{ID#_		Amount of	In-kind contribution
. 17 (1)	CLENN BECKENDOR Contributor address; City: State; Zip Code 28423 MORTON RD	CFF	contribution (\$)	description (if applicable)
1-11-14	28423 MORTON RD		25000	
	KATY TX 77493		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
				T
Date	Full name of contributor out-of-state PAC(ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-12-14	JR, DOLLINS Contributor address; City; State; Zip Code POBOX 900		30005	
	RATY TX 77496	À.	(If travel outside	of Texas, complete Schedule T
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PACAD#_	Z JR	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-7-14	Contributor address; City; State; Zip Code 1010 DEBRA TERRALE	CT	50000	
	HOUSTON TX 7707	17	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or roxus, complete correction ()
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution
1-10-14	ANDY METERS CAME Contributor address; City; State; Zip Code 423 LONGVIEW DR.	PAIGN	contribution (\$)	description (if applicable)
	SUGAR LAND TX T	7478	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or remain comprises contestine ()
	7			

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P.O. Box 12070

### SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A: 9
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
Stav	n Kitzman	
4 Date	5 Full name of contributor Out-of-state PAC(ID# C00428) REPUBLIC SERVIES INC	contribution (\$) description (if applicable)
1-10-14	EMPLOYEES BETTER GOVERNIMENT. 6 Contributor address; City; State: Zip Code 18500 NORTH ALLIED WAY	500°2
	PHOENIX AZ 85054	(If travel outside of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions) 10 Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
1-13-14	KOBTRT SM1TH  Contributor address; City: State; Zip Code  16800 FALCON SOUND DR	50002
	MONTGOMENT TX 77356	(If travel outside of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor  ut-of-state PAC (ID#	Amount of In-kind contribution
1-14-14	LINDA MCDONOUGH  Contributor address; City; State; Zip Code  3 PIN OAK ESTATES DR.	contribution (\$) description (if applicable)
	BELLAIRE TX 77401	(If travel outside of Texas, complete Schedule T)-
Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor Out-of-state PAC(ID#)  GREATER HOVSTON BUILDERS AS  HOME - PAC	Amount of In-kind contribution contribution (\$) description (if applicable)
1-14-14	Contributor address; City; State; Zip Code 9511 W. SBM HOUSTON PKWY	N 500°3
	HOUSTON TX 77064	(If travel outside of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	) Amount of In-kind contribution
1-15-14	DAVID R. TINNEY  Contributor address; City; State; Zip Code  17319 FAIRGROVE PARK DO	contribution (\$) description (if applicable)
	HOUSTON TX 77095	(If travel outside of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions) Employer	(See Instructions)
ganda filadiya aya irinin yafa maga irina aya afana ka na ne ne ne na ga yaga negari ngiribi ayagan		
lf co	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED

### SCHEDULE A

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A: 9
2 FILER NAME Stain	Kitzman	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	7 Amount of 8 In-kind contribution
1-16-14	HEMACHANDRA P. KOLLURU  6 Contributor address; City; State; Zip Code  94 HEATHROW LANE	contribution (\$)   description (if applicable)
	SUGAR LAWD TX 77479	(If travel outside of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions) 10 Employer (See	a Instructions)
Date	Full name of contributor  unt-of-state PAC(ID#:  UALTER P. SASS  Contributor address; City; State; Zip Code	Amount of In-kind contribution contribution (\$) description (if applicable)
1-20-14	2707 AUTOMN LAKE DR.	5000
	KATY TX 77450	(If travel outside of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC(ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
1-22-14	D, M. LEMAK Contributor address; City; State; Zip Code 21118 LILAC MEADOWS LN RICHMOND, TX 77407	
Principal occup	vation / Job title (See Instructions)  Employer (See	(If travel outside of Texas, complete Schedule T)- Instructions)
Date	Full name of contributor □ out-of-state PAC (ID#:  RONALD W. HENRIKSEN  Contributor address; City; State; Zip Code	Amount of In-kind contribution contribution (\$) description (if applicable)
1-9-14	8831 STABLE LN	75002
	HOUSTON TX 77024	(If travel outside of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of In-kind contribution contribution (\$); description (if applicable)
1-7-14	DONNA DAZTON CONTRIBUTOR ADDRESS; City; State; Zip Code 1011 KINGS GATE CIR KATY TX 77494	1000°2
Principal occup	ation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T)
		,
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED

Texas Ethics Commission

# SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 9
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Star	Kitzman			
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of	8 In-kind contribution
	Acusant A Cise No 1	P PAI	contribution (\$)	description (if applicable)
1-8-14	AGUIRRT OF TELDS L 6 Contributor address: City: State: ZIp Code 12999 JESS PIRTLE BZ	NP	100000	
	SUGAR LAND TX 77		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#;	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	RANDY RONDERMONI	N	(4)	
	Contributor address; City; State; Zip Code		100000	
1-8-14	903 WINSOR WOODS	LN	100000	
, , ,	KATY TX 77494		and the second of the second o	de constante de la constante d
		Employer (See I		of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See )	arai delloria)	
Date	Full name of contributor out-of-state PAC(ID#	)	Amount of	In-kind contribution
Date		110	contribution (\$)	description (if applicable)
	AUTN BOONT HUMPHRIES KOR Contributor address; City, State; Zip Code	INSON LLT	4	
1-13-14	3200 SOUTHWEST FACT	11184	100000	
1	1	STE 360	<b>b</b>	1
	HOUSTOH, TX77027	3,0,0	1	of Texas, complete Schedule T <sub>1</sub>
Principal occur	pation / Job title (See Instructions)	Employer (See	Instructions)	
			ţ	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	HALFF ASSOCIATES STATE	TE PAC	Continuation (a)	accompany (ii application)
	Contributor address; City, State; Zip Code		100000	
1-13-14	1201 N BOWSER RD		1000 -	
	RICHARDSON TX 750	181		
Discipal cons		Employer (See		of Texas, complete Schedule T)
Principal-eccu	pation / Job title (See Instructions)	Employer (oee	monuciono)	
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of	In-kind contribution
Date		-0	contribution (\$)	description (if applicable)
and the state of t	Contributor address; City; State; Zip Code		and a second	
1-14-14	3100 W. ALABAMA ST.		1,00000	
	1 1			1
	HOUSTON TX MO98		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
		L		

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

# POLITICAL CONTRIBUTIONS

#### SCHEDULE A

OTHER THAN PLEDGES OR LOANS					
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 9	
2 FILER NAME	n Kitzman		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
1-15-19	6 Contributor address; City; State; Zip Code POBOX 649 SIMONTON TX 7747	le		of Texas, complete Schedule T)	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I	Instructions)		
Date	Full name of contributor out-of-state PAC(ID#_  Tim Russ  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
1-16-14	10555 WESTOFFICE DR		100000	-	
Principal occup	HOUSTON, TX 77042 pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
Date	Full name of contributor out-of-state PAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
1-20-14	5840 AVATA ST		100000		
Principal occup	HOUSTON, TX 77005 pation / Job title (See Instructions)	Employer (See I	L	of Texas, complete Schedule T	
Date	Full name of contributor out-of-state PAC(ID#_  COSTELLO INC PA  Contributor address; City; State; Zip Code  9990 RICHMOND AVE,	· C	Amount of contribution (\$)	In-kind contribution description (if applicable)	
1-16-14	9990 RICHMOND AVE. HOUSTON, TX 77040				
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
Date	Full name of contributor out-of-state PAC(ID#_  TAS ENGINEERM G GNOR	UP PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
1-15-14	TDS ENGINEERING GAS Contributor address; City; State; Zip Code 13333 NORTAWEST FRU	or STE 300	200000	1	
Principal occup	はのいまでルーTX ファロイク pation / Job title (See Instructions)	Employer (See I	And the second s	of Texas, complete Schedule T)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.					

Austin, Texas 78711-2070

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

(TDD 1-800-735-2989)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	in Kitzman		3 ACCOUNT # (E	Ethics Commission Filers)
	5 Full name of contributor Out-of-state PAC(ID#_  STEVEN D. ALVIS  6 Contributor address; City: State; Zip Code  8827 W. SAM HOVSTON  HOVSTON, TX 77040  pation / Job title (See Instructions)	PKWT N STE 200	(If travel outside	8 In-kind contribution description (if applicable) FUNDRAISER BREAKFAST STRVICES of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC(ID# Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See	L	of Texas, complete Schedule T
Date	Full name of contributor out-of-state PAC-(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See	Announce to the second	or rexas, comprete scriedule 1)
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
If c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

### **POLITICAL EXPENDITURES**

P.O. Box 12070

SCHEDULE F

	EXPENDITURE CATE	GORIES FOR BO	X 8(a)	
Advertising Expense		s/Wages/Contract Lab		t/Reimbursement
Accounting/Banking Consulting Expense		tion/Fundraising Exper In District	710110   0110110   11	quipment & Related Expense nations Made By
Event Expense		Out Of District		ficeholder/Political Committee
Fees		Overhead/Rental Expe		category not listed above)
	The Instruction Guide explain	s how to complete	this form.	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUN	NT # (Ethics Commission Filers)
4 Date	Stan Kitzman 5 Payee name			
1-1-14	Todd Smith +	Associa	tes	
6 Amount (\$)	7 Payee address; City; State; Zir	Code		
2,500.00	2204 Hazeltine Ln	- Austin	TY 7876	17
8 PURPOSE	(a) Category (See categories listed at the top of this sch	edule) (b) Des	cription (If travel outside of Te	exas, complete Schedule T)
OF EXPENDITURE	Advertising + Printing E	xpense can	npaign mate	rial
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office	e sought	Office held
Date	Payee name			
1-4-14	Steinhausers			
Amount (\$)	Payee address; City; State; Zip	Code		
-15 0:	34350 Katy Fwy			
215.96	Brooteshile TX 77423			
PURPOSE	Category (See categories listed at the top of this sch		cription (If travel outside of Te	
OF EXPENDITURE	Advertising Expense	5	ign materi	als
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office	e sought	Office held
Date	Payee name			
1-17-14	Hot like Press			
Amount (\$)	Payee address; City; State; Zip	Code		
156.62	1116 Austin St.			
124.00	Hempstead, Tx 776	145		
PURPOSE	Category (See categories listed at the top of this sch	edule) Des	cription (If travel outside of Te	exas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Nei	Ns paper Ac	d
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office	e sought	Office held
Date	Payee name			
1-17-14	Waller County New	us Citize	h	
Amount (\$)	Payee address; City; State; Zip		-	
	705 12th St.			
100.00	Hempstead, TX 7744	15		
PURPOSE	Category (See categories listed at the top of this sch	edule) Des	cription (If travel outside of Te	exas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Nen	Spaper Ad	
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name	Office	e sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### POLITICAL EXPENDITURES

P.O. Box 12070

#### SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/	entract Labor Loan Repayment/Reimbursement					
Accounting/Banking Consulting Expense	Legal Services Solicitation/Funds Food/Beverage Expense Travel In District						
Event Expense	Polling Expense Travel Out Of Di	outstand the contract of the contract of					
Fees	Printing Expense Office Overhead	,					
	The Instruction Guide explains how to	o complete this form.					
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)					
	Stan Kitzman						
4 Date 1-17-14	Daystar Publishing (The Times Tribune)						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
241 50	P.O. Box 1549						
346.50	Brookshire TX 77425						
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel cutside of Texas, complete Schedule)						
OF EXPENDITURE	Advertising Expense	Ad-Nurspaper					
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held					
expenditure to benefit C/O	н						
Date	Payee name						
1-17-14	The Kody Times						
Amount (\$)	Payee address; City; State; Zip Code						
100 50	5319 E. 5th St.						
698.50	Katy Ty 77493						
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)					
OF EXPENDITURE	Advertising Expense	Ad- Newspaper					
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held					
expenditure to benefit C/O	H						
Date	Payee name	7					
1-17-14	The Waller Times						
Amount (\$)	Payee address; City; State; Zip Code						
/	2323 Main St.						
267.75							
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)					
OF	Advertising Expense						
EXPENDITURE	3 - 0	Ad-Nowspaper					
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/QH							
Date	Payee name						
1-20-14	Friends of Royal FFA						
Amount (\$)	Payee address; City; State; Zip Code						
140.00	70 Box 32						
170.00	BROOKSHIRE TX 77423	3					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)					
OF EXPENDITURE	Donation	Anction					
Complete ONLY if direct Candidate / Officeholder name		Office sought Office held					
expenditure to benefit C/OH							
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Austin, Texas 78711-2070

### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense **Event Expense** 

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense

Legal Services

Food/Beverage Expense

Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District

Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

rees	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)				
2	Stan Kitzman				
4 Date	5 Payee name				
1-1-14	Doteasy Technology Inc.				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
178.80	3602 Gilmore Way, Ste 210				
Reimbursement from political contributions intended	Burnaby BC Canada V56 4W9				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Advertising Exense	Website Hosting + Vims Protection			
Date	Payee name				
1-3-14	Brookshire Hardware				
Amount (\$)	Payee address; City; State; Zip Code				
23.88	P.O. Box 758				
Reimbursement from political contributions intended	Brookshire TX 77423				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Advertising Expense	Sign materials			
Date	Payee name				
1-10-14	Brodewood Community				
Amount (\$)	Payee address; City; State; Zip Code				
120.06	1752 FM 1489 Rd.				
Reimbursement from political contributions intended	Brookshire TX 77423				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
EXPENDITURE	Donation	Items donated to Friends of Rayal FFA			
		trievas of Right FFA			
Date	Payee name				
1-10-14	Brookwood Community				
Amount (\$)	Payee address; City; State; Zip Code				
105.13	1752 FM 1489 Rd.	2			
political contributions intended	Brokshine Tx 77423				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Donation	Items donated to			
TOU COUNTRY TO COM					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District Travel Out Of District Office Overhead/Rental Expense explains how to complete this		Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)		
47.11	<del></del>	- capitalis now to t				
1 Total pages Schedule G:	Stan Kitzma	n	y pa	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name					
1-11-14	Brookshire Hardware					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
Reimbursement from political contributions intended	P.O. Bux 758 Brookshire Tx 77423					
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Advertising Exp	ense	Sign materials			
Date	Payee name					
Amount (\$)	Payee address; City; St	ate; Zip Code				
Reimbursement from political contributions intended						
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE						
Date	Payee name					
Amount (\$)	Payee address; City, St	ate; Zip Code				
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; Sta	ate; Zip Code				
		,				
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)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						