	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	uide explains how to complete this form. 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI MY. Oliver S NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	Stan Kitzman Jr. ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE P.O. BOX 53 Pathson TX 77464	AN 25 A DIVISION Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 934-8301	Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Mys. Evin E Nickname Last suffix	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE # CITY; STATE: 3415 545. Brockshire TX	ZIP CODE 77423
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 375-8255	,
9 REPORTTYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Day THROUGH [2]	Year / O
11 ELECTION	ELECTION DATE Month Day Year 3 / 2 / 10 Primary Runoff	General Special
12 OFFICE	OFFICE HELD (If any) 13 OFFICE SOUGHT (If know Waller Co. Com	missioner - Pct 4
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures made by others without Candidates are required to disclose this information only if they receive notification on Name Address / PO Box: Apt. / Suite #; City: State; Zlp Code	
additional pages		· · · · · · · · · · · · · · · · · · ·
	GO TO PAGE 2	

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

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	tan Kit		16 ACCO	UNT # (Ethics Commission Filers)		
17 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL SPECIFIC	COMMITTEE ADDRESS				
additional pages	d .	COMMITTEE CAMPAIGN TREASURER NAME				
	:	COMMITTEE CAMPAIGN TREASURER ADDRESS		· ·		
18 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$			
	2. TOTAL	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	856.43		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		ZED \$	0		
	4. TOTA	POLITICAL EXPENDITURES	\$	0		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$	823.50		
OUTSTANDING LOAN TOTALS	6. TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF DAY OF THE REPORTING PERIOD	THE \$	0		
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. Notary Public, State of Texas My Commission Expires August 30, 2011 Signature of Candidate or Officeholder POA Oliver S. Kiteman, Jr. Sworn to and subscribed before me, by the said Crin Savlers, afforms in fact for Oliver Kiteman, Sr. Sworn to and subscribed before me, by the said Crin Savlers, afforms in fact for Oliver Kiteman, Sr. Sworn to and subscribed before me, by the said Crin Savlers, afforms in fact for Oliver Kiteman, Sr.						
of Januar, 20 6, to certify which, witness my hand and seal of office. Mathew Vahalik Watary Public Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

Full name of contributor

Principal occupation / Job title (See Instructions)

Mr. J.R. Dollins

Date

1-21-10

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711 (512) 463-5800 1-800-325-8506 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME itzman 5 Full name of contributor ____ out-of-state PAC (ID#:_ Date 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable) Oliver S. Kitzman, Sr. 1-8-10 6 Contributor address; City; State; Zip Code 500.00 6562 Buller Rd Brokishine TX 77423 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) Erin Sanders 1-15-10 Contributor address; City; State; Zip Code 3415 5th St. Brookshire TX 77423 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Tax Manager Full name of contributor out-of-state PAC (ID# Amount of In-kind contribution Date contribution (\$) description (if applicable) Oliver S. Kiteman, Sr. 1-21-10 100.83 Contributor address; City; State; Zip Code 10562 Buller Rd. Brostishine TX 77423 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

250.00 Contributor address; City; State; Zip Code P.O. Box 900 Katy, Tx 77492 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-employed Farmer In-kind contribution Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$) description (if applicable) Contributor address; City; State; Zip Code

Amount of

contribution (\$)

Employer (See Instructions)

Out-of-state PAC (ID#:

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

In-kind contribution

description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

JUDGE TED KRENEK

Sustice of the Peace & Ex. Officio Notary Public

State of Texas

State of Texas
commission expires

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.