Texas Ethics Commission

(512) 463-5800

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

OAIM AIG.					
The C/OH Instruction (Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	Mr. Oliver	5 .	Date Received		
	NICKNAME LAST	SUFFIX			
	Stan Kitzman	Jr.			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE # CITY;	STATE; ZIP CODE			
MAILING ADDRESS	P.O. Box 53 Pathison	1 TX 77464	Date Hand-delivered or Postmarked		
change of address			Receipt # Affiorit		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (\$32) 298-7504	EXTENSION	Date Processed L CCC		
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged		
TREASURER NAME	Mrs. Erin	E	PR		
	NICKNAME LAST	SUFFIX	Sign Sign		
	Sander		a a a a a a a a a a		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	3415 5+4 St, Bru	ctive states Eleshile Tx	77423		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 375-82-55	EXTENSION	· ·		
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholderonly)		
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH	Month Day (6 / 30 /			
11 ELECTION	ELECTION DATE Month Day Year ELECTION TYPE Primary	Runoff	General Special		
12 OFFICE	OFFICEHELD (if any)	13 OFFICE SOUGHT (if known)			
	Waller Co. Commissioner, Pct. 4				
GO TO PAGE 2					
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Austin, Texas 78711-2070

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	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	SCHILLING STATES			
		COMMITTEE CAMPAIGN TREASURER NAME	· · · · · · · · · · · · · · · · · · ·	•	
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		MIZED \$		
	4. TOTAL POLITICAL EXPENDITURES		\$	1296.75	
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		DAY \$	3,239.30	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$	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 Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said					
day of					
JESSICA BARTELS &					
Signature of officer administering path Printed name of officer administering oath Wy Commission Expires 10/00/2012					
vww.e/hics.state.tx.us		munus	min	Revised 09/28/2011	

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense				
Consulting Expense	Food/Beverage Expense Travel In District	Transportation Equipment & Related Expense Contributions/Donations Made By			
Event Expense	Polling Expense Travel Out Of Dis	trict Candidate/Officeholder/Political Committee			
Fees	Printing Expense Office Overhead/F	- the transfer of the transfer			
1 Total pages Schedule F:	The Instruction Guide explains how to				
l Total pages solleddie P.	Stan Kitzman	3 ACCOUNT # (Ethics Commission Filers)			
4 Date	5 Payee name				
3-15-12	Daystar Publishing				
6 Amount (\$)	7 Payee address; City; State; Zip Code	7 Payee address; City; State; Zip Code			
166.75	P.O. By 1549 Brookshire Tx 77423				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Advertising Expense	Newspaper Ad			
9 Complete ONLY if direct expenditure to benefit C/C					
Date	Payee name				
3-21-12	Katy FFA				
Amount (\$)	Payee address; City; State; Zip Code				
500.00	6331 Highway Blud, Katy Tx 77494				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	Donation	livestock sale			
Complete ONLY if direct expenditure to benefit C/O					
Date	Payee name				
3-24-12	Royal FFA				
Amount (\$)	Payee address: City; State; Zip Code				
500.00	34499 Rayal Rd. Brookshin 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	livestock sale			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held			
Date	Payee name				
4-20-12	Wallace Price Creative	Grap			
Amount (\$)	Payee address; City; State; Zip Code				
100.00	1774 County Rd 180, Leander Tx 78641				
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 design			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

Travel In District Travel Out Of District Office Overhead/Rental Expense

Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)					
1	Stan Kitzman						
4 Date	10						
1-30-12	Katy Chamber of Comm	Katy Chamber of Commorce					
6 Amount (\$)	7 Payee address; City; State; Zip Code	·					
30€3	23501 Cinco Panch Blud!	StB206					
Reimbursement from political contributions intended	Katy Tx 77494						
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if the	evel outside of Texas, complete Schedule T}				
OF EXPENDITURE	Donation	Chan	ty gala.				
Date	Payee name						
Amount (\$)	Payee address; City; State; Zip Code						
Reimbursement from political contributions intended							
PURPOSE	Category (See categories listed at the top of this schedule)	Description (It tre	avel outside of Texas, complete Schedule T)				
OF EXPENDITURE			-				
Date	Payee name						
Amount (\$)	Payee address; City; State; Zip Code						
Reimbursement from political contributions intended							
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If the	avel outside of Texas, complete Schedule T)				
OF EXPENDITURE							
Date	Payee name	<u> </u>					
Amount (\$)	Payee address; City; State; Zip Code						
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category (See categories ilsted at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							