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 MR. Oliver NICKNAME LAST Stan Kitzman	SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX; APT / SUITE#; CITY; PO BOX 53 PATTISON TEXAS 774 AREA CODE PHONE NUMBER	STATE; ZIP CODE	Date Hand-delivered or Postmarked Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	(832) 298-7504 MS/MRS/MR FIRST MRS. ERIN NICKNAME LAST SANDERS	MI	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#; 3415 5th ST. BROOKSHIRE TEXAS	CITY: STATE:	ZIPCODE 2014 JAN EMPLOYED AN EMPLOYED AND EMPLOYED AN EMPLOYED AND EMPLOYED AND EMPLOYED AND EMPLOYED AND EMPLOYED AND EMPLOYED AN EMPLOYED AND EMPLOYED AND EMPLOYED AND EMPLOYED AND EMPLOYED AN EMPLOYED AND EMPLOYED AND EMPLOYED AND EMPLOYED AND EMPLOYED AN
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 375 - 8255	EXTENSION	5 PM 2: 00
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 12 / 31 /	
11 ELECTION	Month Day Year S Primary	Runoff	General Special
12 OFFICE	OFFICEHELD (IT any) WALLER CO. COMMISSIONER PRECINCT 4	13 OFFICE SOUGHT (# known) WALLER COU	
	GO TO PAG	3E 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Kitzmav		ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	TE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$18,715.75
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZE	\$ 5.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 9,903.23
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$14,560.27
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$ 9,500.00
Notary I	NDY JONES Public State of Texas m. Exp. 02-11-2015	I swear, or affirm, under penalty of pe is true and correct and includes all infirme under Title 15, Election Code. Signature of Candida	ormation required to be reported by
Sworn to and subs	of Anual	24, 20 14, to certify which, witness my	AN, this the hand and seal of office. NOTARY RUBYC
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Stan 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)
9-03-13	6 Contributor address; City; State; Zip Code		100000	
	800FF XT, MOTEUOH		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC(ID#:_ MICHAEL E. MONTGO		Amount of contribution (\$)	In-kind contribution description (if applicable)
8-17-13	Contributor address; City; State; Zip Code POBOX 1485		500°°	
	BROOKSHIRE, TX 774	23	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_	1	Amount of	In-kind contribution
	ALLEN BOONE HUMPHALES ROBIN	411 hoes	contribution (\$)	description (if applicable)
8-20-13	Contributor address; City; State; Zip Code 3200 SOUTH WEST FREEWAY,		500 00	1
	HOUSTON, TX 77027	7	(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)
8 22 12	RANGY RANGERMANN Contributor address; City; State; Zip Code		C 00	
8-20-13	903 WINDSOR WOODS	LN	500°=	İ
	KATY, TX 77494		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
8-20-13	Contributor address; City; State; Zip Code	IT CIR	50000	1
	THE WOODLANDS, TX		(If travel outside	I I of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		or ready complete contoune 1)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

OTTIER	OTHER MARY ELDOES OR LOANS				
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Scho	edule A: \(
2 FILER NAME	Vitualla		3 ACCOUNT # (E	thics Commission Filers)	
Sto	an Kitzman				
4 Date	5 Full name of contributor □out-of-state PAC(ID#:	200	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
8-21-13	6 Contributor address; City; State; Zip Code		500 00	1 (gray to 10) (grad 100 de	
	RICHARDSON, TX 7509	81	(If travel outside of	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	0 Employer (See I	nstructions)		
Date	Full name of contributor		Amount of	In-kind contribution	
	STEVEN D. ALVIS	0. 28	contribution (\$)	description (if applicable)	
8-23-13	Contributor address; City; State; Zip Code 8827 W. SAM HOUSTON PKW	17 N.	500 00		
	HOUSTON, TX 77040		(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I		or lexas, complete scriedule 1)	
Date	Full name of contributor		Amount of	In-kind contribution	
	COSTBLLO, INC: PAC		contribution (\$)	description (if applicable)	
8-28-13			50000		
0 000 10	Contributor address; City; State; Zip Code	STE 450	500-		
	HOUSTON, TX 77042		(If travel outside of	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of	In-kind contribution	
	GLENN PLOWMAN		contribution (\$)	description (if applicable)	
8-29-13	Contributor address; City; State; Zip Code		50000		
021 12	PO BOX 649	-	500 -		
	SIMONTON, TX 774	76	(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
	Jim Russ		contribution (\$)	description (if applicable)	
9-4-13	Contributor address; City; State; Zip Code		500 00	 	
	HOUSTON, TX 77042				
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)	
	n Kitzman			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	KERRY R. GILBERT		contribution (\$)	description (if applicable)
00	101211 13 0128021		=-00	
4-9-13	6 Contributor address; City; State; Zip Code	~	500°2	1
	6 Contributor address; City; State; Zip Code 20414 CHADBURY PAR	K DR.		
	KATY, TX 77450		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		
Date	Full name of contributor ut-of-state PAC (ID#:	1	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	HRTHUR D. DAVIS			
9-11-13	Contributor address; City; State; Zip Code	200 A B 755 157 B B 100 253 B	500°2	8 9
	PO BOX 451		200 -	
	KATY, TELAS 7749	2	(16 turn of contains	of Towns complete Schodule Ti
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	and the test mentalished	Linpioyo, (occ)	nou doubling,	
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
	RONALD W. HENRIKS		contribution (\$)	description (if applicable)
0 11 .		EN		1
9-11-13	Contributor address; City; State; Zip Code		50002	
	8831 STABLE LANE	*	200 -	
	HOUSTON, TX 7702	4	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	NUEN ROOMELL)	contribution (\$)	description (if applicable)
0	ALLEN BOONE LLUMPHRIES !	OBINSON LCO		
9-12-13	Contributor address; City; State; Zip Code 3200 SOUTH WEST FREEWAY, S	TE Abon	F0000	
-	The same of the sa		200 -	
-	HOUSTON, TX 7702	7		
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
:	Maiori / DOD IIIO (DOD IIIOIIdollOlla)	Employer (See I	iisa ucuons)	
Date	Full name of contributor out-of-state PAC (ID#:	,	Amount of	In-kind contribution
2410	HEMACHANDRA P. KOLL	DRI	contribution (\$)	description (if applicable)
9-12-13	Contributor address; City; State; Zip Code			
1-12-13	94 HEATHROW LAWE		500°°	
		1170		
	SUGAR LAND, TX 77	4 14	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
				7 P P

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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)			
Star	n Kitzman				
4 Date	5 Full name of contributor		7 Amount of	8 In-kind contribution	
4 Date	REPUBLIC SERVICES, INC.		contribution (\$)	description (if applicable)	
0	EMPLOYEES BETTER GOVER	ENMENT PAC		ti	
9-13-13	EMPLOYEES BETTER GOVER 6 Contributor address; City; State; Zip Code		50000	!	
	18500 NORTH ALLIED WI	14	5 5 5	l	
	PHOENIX, AZ 85054				
• 5: : :			L	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
			<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	MICHAEL CALLANA	N	Contribution (4)	doodiplion (ii applicable)	
9-13-13	Contributor address; City; State; Zip Code		5000		
11313	11627 Possum HOLLOW	LN	200-		
	Houston, Tx 77065	-			
				of Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor		Amount of	In-kind contribution	
	HOME-PAC	00001	contribution (\$)	description (if applicable)	
01112	GREATER HOUSTON BUILD Contributor address; City; State; Zip Code	EV2 H289c"			
9-16-13	9511 W, SAM HOUSTON PI	KWY N	500°2	i l	
	Houston, Tx 7706	7000 USA USA USA MENUKU		i	
	148031370, 1 X 1 (0 6	, 4	(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor ut-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	BRYAN JORDAN		Contribution (4)	description (ii applicable)	
9-17-13	Contributor address; City; State; Zip Code		C 00		
	6335 GULFTON	et e	50000		
	HOUSTON, TX 7708	1			
				of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
	ANDREW M. PONEDI	ONGA	contribution (\$)	description (if applicable)	
9-17-12	Contributor address; City: State: Zip Code	i			
11113	ANDREW M. PADERI Contributor address; City; State; Zip Code 4802 SANDERFORD CT	7	500°°	i	
	KAT4, TX 77494			i	
	1119, 1X 11494		(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	8	

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SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A:	
2 FILER NAME	n Kitzman		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC(ID#_ F, PAUL CELAURG 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
41115	5326 MCLULLOCH (500°=	
	10001011 (X (103	6	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	JEFF VOGLER			
9-17-13	Contributor address; City; State; Zip Code 2925 BRIDRPORK	555 175	50000	a a
	HOUSTON, TX 77046		(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	In-kind contribution
24.0	Castella Tax Pag		contribution (\$)	description (if applicable)
9-17-13	Contributor address; City; State; Zip Code		75	FUNDRAISER
11113	Contributor address; City; State; Zip Code Q990 RICHMOND AV	E, STE 450	215	BREAKFAST
	HOUSTON, TX 770	41		SERVICES
	120001011 12 110	10	(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	In-kind contribution
	Jim GONZALES		contribution (\$)	description (if applicable)
9-30-13	Contributor address; City; State; Zip Code	~ ±250	500°2	
	HOUSTON, TX 77042		/If traval autoido	of Toyon, complete Schodule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
:	sadon / bob dae (coe medicalone)	Employer (oco i	inoti dottorio)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	ARTHUR D. DAVIS		contribution (\$)	description (if applicable)
10-16-13	Contributor address; City; State; Zip Code		50000	
	KATY, TX 77492		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
		L		

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SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)
	n Kitzman		100 1000m3000000000000000000000000000000	*
510				Y
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	ANN T. TURNER		Contribution (\$)	description (ii applicable)
8-21-12	6 Contributor address; City; State; Zip Code		20	
02613	20719 KENDRA		250°3	1
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		77833 365-20	
	KAT4, TX 77450		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		
•			•	
Date	Full name of contributor)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
200	JAMES T. PUGH			
8-29-13	Contributor address; City; State; Zip Code		25000	· a
0-1113	Contributor address; City; State; Zip Code	CT	250°3	
7	BROOKSHIRE TX 77	425		
	()	100	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / 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)
	STAN STANLEY		CONTRIBUTION (4)	description (ii applicable)
0 2 12	Contributor address; City; State; Zip Code		0 (0000	
4-2-13	24611 STOUGHTON CO	OURT	250°2	
	KATY TX 77494		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
	WELCOME WILSON,	To	contribution (\$)	description (if applicable)
0 1 10	Contributor address; City; State; Zip Code	?!``	0000	1
9-4-13	5858 WESTHEIMER, S	2/22	25000	1
				1
	HOUSTON, TX 7705	57	(If traval outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See		or lexas, complete scriedule 1)
. A mary of the same distribution of the same state of the same st	Alternative and the second			
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
3720-1773004			contribution (\$)	description (if applicable)
	LOBB LENDIEL LY	۱ <u>.</u>		f 1
9-10-12	Contributor address; City; State; Zip Code		25000	
1 10 15	COBB FENDLEY PR Contributor address; City; State; Zip Code 13430 NORTHWEST FR	ZEEWAY	200	1
	HOUSTON, TX 77040	STE 1100		
Principal accum	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
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SCHEDULE A

(512) 463-5800

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:		
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
Sta	n Kitzman			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	LINDA Mc DONOUG	н	contribution (\$)	description (if applicable)
8-20+13	6 Contributor address; City; State; Zip Code		50000	
	3 PIN OAK ESTATES DE	2	500	
	BELLAIRE, TX 7740	1	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
	^	22.0	contribution (\$)	description (if applicable)
	HOUIRRE + FIELDS LP F	AC		
9-12-13	Contributor address; City; State; Zip Code		250°=	*
1960 101 10 10 100	12999 JESS PIRTLE	BLVD	220 -	
	SUBAR LAND, TX 7-	1170		1
	JUSHK LAWB, IX	14 (8	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
-	JAMES D. Ross		contribution (\$)	description (if applicable)
0 -				
9-3-13	Contributor address; City; State; Zip Code		25002	1
	19910 ASTILBE CT	``	200	
	SPRING, TX 77379	*	/If traval autoida	of Toyon, complete Schodule T
Principal occur	pation / Job title (See Instructions)	Employer (See I	L	of Texas, complete Schedule T)
i iliopai occup	value (occ manachons)	Linployer (dee 1	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
Date	_ , _		contribution (\$)	description (if applicable)
6) 6	T) MOT) 14 E BUSC Contributor address; City; State; Zip Code	HA		1
9-13-13	Contributor address; City; State; Zip Code	12 14 14 14 14 14 14 14	25002	
STEEL ST	15500 CUTTEN RD K	1PT 406	230	
	HOUSTON, TX 77070			1
	7,50 3 15 10 1 10 10 10		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	nstructions)	
		<u> </u>	2 2 2	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	ALAN B. MCREE		contribution (\$)	description (if applicable)
0				İ
9-16-13	Contributor address; City; State; Zip Code		25000	1
	16206 MORNING PINE			!
	CYPRESS, TX 774	33		
Principal occur	L	Employer (See		of Texas, complete Schedule T)
r incipal occup	pation / Job title (See Instructions)	Linployer (366	indiacacins)	
		<u></u>		

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(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Stav	Kitzman			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
	SUZANNE IL STRAN	V E	contribution (\$)	description (if applicable)
9-17-12	6 Contributor address: City: State: Zip Code		25002	
1115	6 Contributor address; City; State; Zip Code 24823 LAKEBRIAR DR	.,	250 ~	1
	KATY, Tx 77494		(If travel outside	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See		
		, c		
Date	Full name of contributor		Amount of	In-kind contribution
	AMIR MIRESKANDARI		contribution (\$)	description (if applicable)
9.17-12	Contributor address; City; State; Zip Code	*******	0 / 00	·
9-17-13	331 PINEHAVEN DRIVE		2502	
	HOUSTON, TEXAS 7	7024	(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		or rexact complete periodale 1)
Date	Full name of contributor		Amount of	In-kind contribution
	YUNAL RAN.		contribution (\$)	description (if applicable)
0 15 15	Contributor address; City; State; Zip Code		2 00	
9-1-1-13	4809 HOLT ST	`.	250°2	
	BELLAIRE, TX 77	401	/If trough quitaids	of Toyon complete Schodule T\
Principal occur	pation / Job title (See Instructions)	Employer (See I	<u> </u>	of Texas, complete Schedule T)
- Tincipal occup	Audit 7 300 title (See Histractions)	Employer (See 1		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
0 - 10	FABOL HUGHES Contributor address; City; State; Zip Code			I
4-17-13	2715 PATNA DRIVE		25003	i I
29			250	1
	KATY, TEXAS 774	93	(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	In-kind contribution
	JOHN R. LEDFORD		contribution (\$)	description (if applicable)
0 1210	Contributor address; City; State; Zip Code		- 02	1
9-17-13	35519 PONTIAC		25000	
	BROOKSHIRE TX 77	473		I
	DIESUNSHIRE IX II	T 0~2	(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

SCHEDULE A

(TDD 1-800-735-2989)

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Star	n Kitman			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	FIFANOR L. KITZMA	0-1	contribution (\$)	description (if applicable)
12 12 13	ELEANOR L. KITZM? 6 Contributor address; City; State; Zip Code		_ 00	TOTAL SECTION OF THE
12-10-13	6 Contributor address; City; State; Zip Code		25000	
	PO BOX 2483			
	AUSTIN TX 78768		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor		Amount of	In-kind contribution
	Davis mais	n n =	contribution (\$)	description (if applicable)
0012	SAVIA TITIN ZE			
9-9-13	Contributor address; City; State; Zip Code		10000	* .
	DAVID MINZE Contributor address; City; State; Zip Code 6205 FRANZ RD		100 -	
	KATY TX 77492			
			(If travel outside of	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	In-kind contribution
	Mark I was son		contribution (\$)	description (if applicable)
0	MARY L. WALDROP Contributor address; City; State; Zip Code			1
9-10-13			10000	1
	PO BOX 516	S		
	BROOKSHIRE, TX 774	23	(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 PAC (ID#:)	Amount of	In-kind contribution
	THE HANNAH ZIVAC		contribution (\$)	description (if applicable)
				i
9-11-13	Contributor address; City; State; Zip Code		10000	
	2312 PECK HAM ST	N	,	
	HOUSTON, TX 7701	9	(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		or rexas, complete scriedae 1)
A PART AT AN ADMINISTRATION OF THE ASSESSMENT OF				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	TEA KRENEK		contribution (\$)	description (if applicable)
9-17-12				
1 12 13	Contributor address; City; State; Zip Code		10000	
	The state of the s	, ,		1
	PATTISON, TX 7741	06	(If trough outside	of Tayas complete Schodula T\
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	,		,	
				

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(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME		3 ACCOUNT # (E	thics Commission Filers)	
Star	n Kiteman			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
	JOEC A. TRIMM JR 6 Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
9-12-12		7	00	
1 (3 (3	6 Contributor address; City; State; Zip Code		10000	i
	5960 WHISPERING LX	IKIS DR.		t t
	Knr4, Tx 77493	134	(If travel outside	l of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
	James a DEVIAN	ga 2	contribution (\$)	description (if applicable)
9-11-12	James C PEYTON Contributor address; City; State; Zip Code			
1 10 15	18327 HEATON DR.		10000	
	50 0 5 5 5000 500 96 1000 90 90 90 90 90 90 90 90 90 90 90 90			
	HOUSTON, TX 77084		(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
	CONSOLINATED Commission + 100	e Das	contribution (\$)	description (if applicable)
0 17 10	Contributor address: City: State: Zin Code		States	1
9-17-13	CONSOLIDATED Communication Contributor address; City; State; Zip Code 350 5. LOOP 336 WEST	Γ .	10000	1
				1
	CONROE, TX 77304		(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		or result, complete contention 17
	,			
Date	Full name of contributor ut-of-state PAC (ID#:	1	Amount of	In-kind contribution
Duto			contribution (\$)	description (if applicable)
	DOYLE G. CALLENDE	R		1
9-17-13	Contributor address; City; State; Zip Code		10000	
	906 CARNATION		100	
	KAT4, TX 77493			l
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
		Employer (ecc)	nica dodono,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	BILL FRY		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
9-17-13	32259 MORTON RD		10005	
	100 CON CON CONTROL CON CONTROL CONTRO			1
	BROOKSHIRE TX 774	23	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		

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P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:				
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)			
	an Kitzman						
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution			
	J. L. ROSE		contribution (\$)	description (if applicable)			
0, 17, 12	6 Contributor address; City; State; Zip Code			e en a sa no es la cal com anti efe			
9-17-13	1707 STURM RD		100°2				
		_					
	BROOKSHIRE TX 7742		(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		Amount of	In-kind contribution			
	WALLBEE EVERITT		contribution (\$)	description (if applicable)			
9.17.17							
9-17-13	Control of the contro		10000	1			
	PO BOX 661			1			
	PATTISON, TX 77466		(If travel outside o	of Texas, complete Schedule T)			
Principal occur	pation / Job title (See Instructions)	Employer (See		i ioxao, compicio concesso i,			
	•						
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution			
	WILLIAM B. KITZM	mml	contribution (\$)	description (if applicable)			
10-20-12	Contributor address; City; State; Zip Code			1			
10 2015	POBOX 162		10002	i			
				1			
	PATTISON TX 77466		(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	In-kind contribution			
	GLENN BECKENDORF	: F	contribution (\$)	description (if applicable)			
9-15-13	Contributor address; City; State; Zip Code		2000				
14013	28423 MORTON RD		700°5	1			
	1			1			
	KATY TX 77493			of Texas, complete Schedule T)			
Principal occupation / 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)			
	RAYMOND DOLLINS						
9-17-13	Contributor address; City; State; Zip Code		20000				
11,12	PO BOX 900		300=				
	12 ATY, TX 77492			1			
Discission 1	<u> </u>	Employer (See		of Texas, complete Schedule T)			
Principal occu	pation / Job title (See Instructions)	Employer (See	mstructions)				

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense EXPENDITURE CATEGORIES Salaries/Wages/C Folicitation/Fundor Travel In District Travel Out Of Dis Office Overhead/	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F:	Stan Kitzman	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
8-17-13	GARY TILTON FIREFIGHTER	TRAINING FUND
6 Amount (\$)	7 Payee address; City; State; Zip Code	
200°2	POBOX 241 KATY TEXAS 77492	
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	DONATION	AUCTION
- LAI ENDITORE		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
9-12-13	BROOKWOOD COMMUN	レノナゲ
Amount (\$)	Payee address; City; State; Zip Code	
158 84	BROOKSHIRE TX 774	23
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF		ITEMS TO DONATE TO
EXPENDITURE	Donation	PAUFD AUCTION
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
9-14-13		The first transfer to
<u>_</u>		EER FIRE DEPARTMENT
Amount (\$)	Payee address; City; State; Zip Code PD Box 444	
260-	PATISON, TX 77466	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF		
EXPENDITURE	MOITANCE	AUCTION
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
9-18-13	LONGER POWER FOR	RESOLIATION
	Payee address; City; State; Zip Code 22000 Fairgrounds Pd. Hempstead, TX 77445	M220C[M] 12.0
Amount (\$)	rayee address; City; State; Zip Code	
12200	22000 targrounds Fd.	
10000	Hempstead Tre 77444	
DIIDDOCE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Donation	SR (ITIZEN DBY
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
***************************************	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

P.O. Box 12070

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement						
Accounting/Banking				ansportation Equipment & Related Expense		
Consulting Expense	Food/Beverage Expense Tra	vel In District		ntributions/Donations Made By		
Event Expense	Polling Expense Tra	vel Out Of Dis	trict	Candidate/Officeholder/Political Committee		
Fees	Printing Expense Off	ice Overhead/F	Rental Expense OT	HER (enter a category not listed above)		
	The Instruction Guide exp	lains how to	complete this form.			
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)		
4	Stan Kitzman					
4 Date	5 Pavee name			1		
10-2-13	SNA ZONE ATH	ETIC	<			
	END ZONE ATHLETICS					
6 Amount (\$) 7 Payee address; City; State; Zip Code POBOX 530898						
61000		ε.				
610	GRAND PRAIRIE	TX	75053			
8 PURPOSE	(a) Category (See categories listed at the top of the			ravel outside of Texas, complete Schedule T)		
OF	ADVERTISING EXPE		T 0 07			
EXPENDITURE		. W2C	T-SHIRT			
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held		
expenditure to benefit C/C	л					
Date	Payee name					
10-19-13	PATTISON UNITER	MET	ILANICT /	MUDELL		
Amount (\$)	Payee address; City; State;	Zin Code	1700131	NURCH		
, and and (4)	P.O. Bex 67	Lip Gode				
4900	_ : '					
410	Pathson, TX 7740	06				
PURPOSE	Category (See categories listed at the top of thi		Description (If to	avel outside of Texas, complete Schedule T)		
OF EXPENDITURE	MCITANCE		En . FF	TVAZ AUCTION		
			L			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held		
Date	Payee name	,				
10-23-13	TODD SMITH + 1	A5500	CINTES			
Amount (\$)	Payee address; City; State; Zip Code					
, , ,	2204 HAZELTINE LN					
6,00000			-	,		
6,000	AUSTIN, TEXOS	7814	7			
PURPOSE	Category (See categories listed at the top of thi	s schedule)	Description (If to	avel outside of Texas, complete Schedule T)		
OF EXPENDITURE	ADVERTISING EXP	CVST	518 N	S 4 4 4 4		
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held		
expenditure to benefit C/C			• · · · · · · · · · · · · · · · · · · ·			
Date	Payee name					
11-18-13	POSTMASTER					
Amount (\$)	Payee address; City; State;	Zip Code				
2000	2 9 9 9					
20 -	38°2 PATTISON, TEXAS 77466					
PURPOSE	Category (See categories listed at the top of thi		·	ravel outside of Texas, complete Schedule T)		
OF	FEES		30 D	ENTAL		
EXPENDITURE	L		L			
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

	EXPENDITURE CA	regories i	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Cor Legal Services Solicitation/Fundrais Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Re		sing Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
	The Instruction Guide exp	lains how to o	complete this fo	rm.	
1 Total pages Schedule F:	2 FILER NAME Stan Kitzman 3 ACCOUNT # (Ethics Commission Filers)				NT # (Ethics Commission Filers)
4 Date		1 11 3			. ,
11-9-13	Republican Party of Waller County Primary Fring				
6 Amount (\$)	7 Payee address; City; State; Zip Code 1015 Aster Katy, Tx 77493				
8 PURPOSE	(a) Category (See categories listed at the top of thi	is schedule)	(b) Description	(If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Fee		Filin	y tee	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	ht	Office held
Date 12-4-13	Payee name Republican Party of	Walle	r Count	y Prim	rary Fund
Amount (\$)	Payee address; City; State;	Zip Code			
75000	1015 Aster Katy TX 77493				
PURPOSE	Category (See categories listed at the top of th	is schedule)	Description	(If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Fee		Filim	R Fee	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office soug)	Office held
Date	Payee name				
12-12-13	Country Park Por	Araits			
Amount (\$)	Payee address; City; State;				
189 44	189 44 555 Park Grove Lane Katy TY 77450				
PURPOSE	Category (See categories listed at the top of the				Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expen	se	L		s/Portaits
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office soug	ht	Office held
Date	Payee name				
12-17-13	Times Tribun.				
Amount (\$)	Payee address; City; State;	Zip Code			
177 95	POBOX 1549 Brookshire TX	77423	>		
PURPOSE	Category (See categories listed at the top of the	nis schedule)	Description	n (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expen	Sl		saper f	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

P.O. Box 12070

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		oan Repayment/Reimbursement		
Accounting/Banking	Legal Services	Solicitation/Fundra	ising Expense Tr	ransportation Equipment & Related Expense		
Consulting Expense	Food/Beverage Expense	Travel In District		ontributions/Donations Made By		
Event Expense	Polling Expense	Travel Out Of Dist		Candidate/Officeholder/Political Committee		
Fees	Printing Expense The Instruction Guide	Office Overhead/R	* 10 100 TO 40	THER (enter a category not listed above)		
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)		
4	Stan Kitzma	\sim				
4 Date	5 Payee name					
12-20-13	STAN KITZU	nan				
6 Amount (\$)	7 Payee address; City; State; Zip Code					
	PO BOX 53					
17402	PATTISON, TX	77464	2			
8 PURPOSE	(a) Category (See categories listed at the to	of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	REMBURSEME	nT	MERS	ITE DOMAIN		
A O	Candidate / Officeholder name					
9 Complete ONLY if direct expenditure to benefit C/C			Office sought	Office held		
Date	Payee name					
the second of th	en teatrop to grave yet	en e				
Amount (\$)	Payee address; City; St	ate; Zip Code				
	C-1					
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (If	travel outside of Texas, complete Schedule T)		
EXPENDITURE						
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held		
expenditure to benefit C/C						
Date	Payee name					
Amount (\$)	Pavee address: City: St:	ate: Zin Code				
Amount (\$) Payee address; City; State; Zip Code						
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	OF PENDITURE					
Complete CALV # -#	Candidate / Officeholder name		Office sought	Office hold		
Complete ONLY if direct expenditure to benefit C/C			Office sought	Office held		
				-		
Date	Payee name					
	-					
Amount (\$)	Payee address; City; St	ate; Zip Code				
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If)	travel outside of Texas, complete Schedule T1		
OF	, , , , , , , , , , , , , , , , , , ,					
EXPENDITURE						
Complete ONLY if direct Candidate / Officeholder name Office sought Office held						
expenditure to benefit C/						
	ATTACILABBITION	ODIEG CE TIVE	001150111 5 4 5 111			
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Texas Ethics Commission

SCHEDULE G

(512) 463-5800

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Cor Solicitation/Fundrais Travel In District Travel Out Of District Office Overhead/Re	ntract Labor Losing Expense Ti C dict ental Expense O	can Repayment/Reimbursement ransportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
	Stan Kitzma	M		
4 Date 12-19-13	Payee name Do⊤ € DS 4	ECHNO	2064 7	INC,
6 Amount (\$)		te; Zip Code		
174 22	3602 GILMORE	WAY		
Reimbursement from political contributions intended	BURNABY, BC CANADA V56 4W9			
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description (II	travel outside of Texas, complete Schedule T)
EXPENDITURE	FEE		WEBSI	TE DOMAIN
Date	Payee name			
Amount (\$)	Payee address; City; Sta	te; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (H	f travel outside of Texas, complete Schedule T)
Date	Payee name		18	Producerose Produceros
Amount (\$)	Payee address; City; Sta	ite; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (f travel outside of Texas, complete Schedule T)
Date :	Payee name			
Amount (\$)	Payee address; City; Sta	ite; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (li	f travel outside of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				