# 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 /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	MR OLIVER	5	Date Received		
14/11/-	NICKNAME LAST				
y-	STAN KITZMAN	JR	FILED 14 JUL DEB WALLE		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	FOR BBIEH ER CO		
OFFICEHOLDER MAILING	PO Box 53		<b>6</b> 3		
ADDRESS	5	X	Date Half delivered or Postmarked		
change of address	PATTISON TX 772	466	Receipt Amount		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Z× F R		
OFFICEHOLDER	(832) 298 - 7504		Date Processed		
PHONE	10301 0 - 13 0 - 1				
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged		
TREASURER NAME	MRS ERIN	ک			
	NICKNAME LAST	SUFFIX			
	SANAGRS				
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE		
TREASURER ADDRESS					
(residence or business)	3415 5th St. Box	COURSIAIDE -	TV 77422		
	5115	DONOTHE	1/ 1/1/0/3		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE	(281) 375-8255				
	9				
9 REPORT TYPE					
	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment		
,			(officeholder only)		
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month Day	Year		
COVERED	2/23/2014 THROUGH	6/30/	2014		
	W / 5-5 / WO   -	0 / 0 /	, ,		
44 ELECTION	ELECTION DATE ELECTION TYPE				
11 ELECTION	Month Day Year				
	Primary	Runoff	General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
12 011102	WALLER Co COMMISSION				
	WALLER CO COMMISSION	144			
	PCT 4				
GO TO PAGE 2					
GO TO PAGE 2					

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

P.O. Box 12070

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Stan K	itzman	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			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,390.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 150.00			
	4. TOTAL POLITICAL EXPENDITURES \$ 21,353.76			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1,523.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 9,500.00			
18 AFFIDAVIT	eccentrate contrate c	is true and correct and includes all ir	erjury, that the accompanying report	
Erika Pina  Notary Public, State of Texas My Commission Expires  me under Title 15, Election Code.				
OF TEXT	01/11/201	6 Signature of Candi	date or Officeholder	
AFFIX NOTARY STAM	MP / SEAL ABOVE	Chair Wilder		
Sworn to and sub	and the first	me, by the said Stan Kutzmau  , 20 14 , to certify which, witness m		
GORPE ERIKA PIFA Notarin				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

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

#### SCHEDULE A

			1		
The	Instruction Guide explains how to complete this	1 Total pages Schedule A:			
2 FILER NAME Stav	n Kitzman		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributorout-of-state PAC (ID# Robert Hodge		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
2-23-11	6 Contributor address; City; State; Zip Code P.O. Box 5521		250.00	 	
	Katy, TY 77491		(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#_ John Led Ford		Amount of contribution (\$)	In-kind contribution description (if applicable)	
2-24-14	Contributor address; City; State; Zip Code 35519 PONTIAC		540.00	Newspaper Ad	
	BROOKSHIRE, TX 77	423	(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	
	Responsible Government	PAL	contribution (\$)	description (if applicable)	
3-7-14	Contributor address; City; State; Zip Code 5005 Riverway, Ste 500		500.00		
	Houston TX 77054		(If travel outside of	l of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I		The state of the s	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
4-3-14	Contributor address; City; State; Zip Code P.O. Box 491 Pathson Tx	77466	100.00		
Principal accur	nation / Joh title (See Instructions)			of Texas, complete Schedule T)	
Frincipal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code		 		
Principal occur	pation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)	
Employer (See II			·		

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

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

(512) 463-5800

#### **POLITICAL EXPENDITURES**

P.O. Box 12070

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor ising Expense crict lental Expense	Contributions/Donatio Candidate/Officeho OTHER (enter a cate	nent & Related Expense ns Made By older/Political Committee
1 Total pages Schedule F:	2 FILER NAME Stan Kitzma	h		3 ACCOUNT #	(Ethics Commission Filers)
4 Date	5 Payee name				
2-24-14	Todd Smith + +	Associate	5		
6 Amount (\$)		te; Zip Code			
11,418	2204 Hazeltine	Ln, Ans	tin TX	78747	
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (	If travel outside of Texas, o	complete Schedule T)
OF EXPENDITURE	Advertising		Printing	s, mailing,	+ consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
Date	Payee name	1	, '		
2-24-14	Waller County )	Jews Ci	tizen		
Amount (\$)		ite; Zip Code			
270.00 350 U.S. Bus. 290 #7					
2 10.00	Hempstead, TX 7	7445			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (	If travel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE	Advertising		Newspa	per Ad	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
2-27-14	Katy Times				
Amount (\$)		te; Zip Code			
598.50	5319 E. 54St.				
J 10. J	Katy Tx 77493				
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (I	f travel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE	Advertising		Newspa	per Ad	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	-	Office held
Date	Payee name				
2-28-14	Hempstead FFA				
Amount (\$)		te; Zip Code			
1,600.00	P.O. Box 1007				
1,000,00	Hempstead, TX 7	7445			
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (I	f travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	Donation		Auctio	n	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	I	Office 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 Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead/	aising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		
	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F:	2 FILER NAME Stan Kitzman	3 ACCOUNT # (Ethics Commission Filers)		
4 Date 3-7-14	5 Payee name Daystar Publishing Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Code P.O. Box H Katy ,Tx 77492			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Advertising	Newspaper Ad		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held		
Date 3-7-14	Payee name The Hotline Press			
Amount (\$)	Payee address; City; State; Zip Code			
107.25	Hempstead, TX 77445			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Advertising	Newspaper Ad		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
3-7-14	The Waller Times			
Amount (\$)	Payee address; City; State; Zip Code 2323 Main St.			
133.88	Waller , Tx 77484			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Advertising	Newspaper Ad		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
3-11-14	Waller County News C	citizen		
Amount (\$)	Payee address; City; State; Zip Code			
135.00	350 US. Bus. 290 #7 Hempstead, TX 77445			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Advertising	Newspaper Ad		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### **POLITICAL EXPENDITURES**

#### SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/0	contract Labor Loan Repayment/	Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundr	aising Expense Transportation Eq	uipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di	Contributions/Don	
Fees	Polling Expense Travel Out Of Dis Printing Expense Office Overhead/	B	ceholder/Political Committee
. 555	The Instruction Guide explains how to	Commence of Commen	category not listed above)
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUN	T # (Ethics Commission Filers)
4	Stan Kitzman		(
4 Date	5 Pavee name		
3-15-14	Niche Marketing, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
	13422 SWeet Surrender	Ct.	
160.75	Honston TX 27041		*
a BUDDOOF		And Description (t)	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Tex	as, complete Schedule T)
EXPENDITURE	Advertising	Webpase	· ·
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	DH		
Date	Payee name		
3-29-14	Royal FFA		
Amount (\$)	Payee address; City; State; Zip Code		
	34499 Royal Rd.		
500.00	Brodeshire TX 77423		
PURPOSE		Description (V)	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texa	as, complete Schedule T)
EXPENDITURE	Donation	Anchon	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	DH		
Date	Payee name		
3-29-14	Royal FFA		
Amount (\$)	Payee address; City; State; Zip Code		
ranount ( $\phi$ )			
100.00	33499 Royal Rd. Brookshire TX 77423		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Brookshire TX 77423		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texa	as, complete Schedule T)
OF EXPENDITURE	Donation	Auction	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-5-14	Todd Smith + Associat	ec	
Amount (\$)	Payee address; City; State; Zip Code	3	
5 500.00			
- /	Austin, TX 78747		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texa	as, complete Schedule T)
OF EXPENDITURE	Advertising	Printing, mailing.	+ conculting
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## POLITICAL EXPENDITURES

P.O. Box 12070

## SCHEDULE $\mathbf{F}$

(512) 463-5800

	EXPENDITURE (	CATEGORIES F	OR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense			Loan Repayment/Reir	
Accounting/Banking	Legal Services			Contributions/Donatio	nent & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel Out Of Distr	ict	Candidate/Officeho	older/Political Committee
Fees	Printing Expense	Office Overhead/Re	ental Expense	OTHER (enter a cate	gory not listed above)
, 000	The Instruction Guide	explains how to c	omplete this fo		
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT #	(Ethics Commission Filers)
4	Stan Kitzman				
4 Date	5 Payee name				
6-27-14	Katy Times				
6 Amount (\$)		te; Zip Code			
299 25	5319 E. 545h				
299.25	Katy Tx 77493				
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		Newspa	uper Ad	
9 Complete ONLY if direct	Candidate / Officeholder name		Office soug	ht	Office held
expenditure to benefit C/C	DH				
Date	Payee name				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
	On the state of th	of this ashadula)	Description	(If travel outside of Texas,	complete Schedule T)
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(II traver outside or rexas,	complete scriedule 1)
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name		Office soug	ht	Office held
expenditure to benefit C/C	DH				
Date	Payee name				
Date	, ayee manne				
Amount (\$)	Payee address; City; Sta	ate; Zip Code	1		
Amount (4)	. 2,00 222.000,	•			,
			<b>.</b>		late Cabadula TV
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	1 (If travel outside of Texas,	complete Schedule 1)
OF EXPENDITURE					
	Candidate / Officeholder name		Office soug	ıht	Office held
Complete ONLY if direct expenditure to benefit C/0					
Date	Payee name				
		7 0 0 d -			
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
PURPOSE	Category (See categories listed at the top	o of this schedule)	Description	n (If travel outside of Texas,	complete Schedule T)
OF					
EXPENDITURE					
Complete ONLY if direct			Office soug	iht	Office held
expenditure to benefit C	/OH				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

(512) 463-5800

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

P.O. Box 12070

#### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement			
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expens Food/Beverage Expense Travel In District Contributions/Donations Made By			
Event Expense		ravel Out Of Distr		Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Re	ental Expense (	OTHER (enter a category not listed above)
	The Instruction Guide e	xplains how to c	omplete this form	n.
1 Total pages Schedule G:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
1	Stan Kitzman			
4 Date	5 Payee name			
3-3-14	5 Payee name Wrapstars Tex	as		
6 Amount (\$)		; Zip Code		
200.00	1603 Rayford Rd			
Reimbursement from political contributions intended	Spring TX 7738	6		
8 PURPOSE	(a) Category (See categories listed at the top of	this schedule)	(b) Description (	f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising		Banne	
EXPENDITORE	71000-1131113		Davine	V S
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 (	f travel outside of Texas, complete Schedule T)
OF EXPENDITURE				
27.1 27.107.107.2				
Date	Payee name			
97	9			
Amount (\$)	Payee address; City; State	: Zip Code		
Amount ( $\psi$ )	rayee address, City, State	, Zip Code		
Reimbursement from	phursement from			
political contributions intended				
PURPOSE	Category (See categories listed at the top of t	his schedule)	Description ()	f travel outside of Texas, complete Schedule T)
OF		,		
EXPENDITURE				
Date	Payee name			
Date	Payee name			
Amount (\$)	Payee address; City; State	Zip Code		
Reimbursement from political contributions				
intended				
PURPOSE	Category (See categories listed at the top of	his schedule)	Description (I	f travel outside of Texas, complete Schedule T)
OF				
EXPENDITURE				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				