CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	The C/OH Instruction G	uide explains how	to complet	te this form.	1 Fi	er ID (Ethics Commi	ission Filers)	2 Tota	al pages file	ed: 3
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR MR		FIRST IVER		M S		-		USE ONLY
	NAME	NICKNAME STAN	KIT	LAST TZMAN		St	UFFIX	date Re	DE	
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO BOX 553 PATTISON,	3		CITY;	STATE; ZI	P CODE	RECEIVED	~ ·	Co Election:
5	CANDIDATE/ OFFICEHOLDER PHONE	(832)		NUMBER -7504		EXTENSION			nd-delivered	or Date Postmarked
6	CAMPAIGN TREASURER	MS / MRS / MR		FIRST		М	1	Receipt	#	Amount \$
	NAME	MRS		RIN LAST		SI	JFFIX	Date Pro	ocessed	
			SA	ANDERS				Date Ima	aged	
	CAMPAIGN TREASURER ADDRESS Residence or Business)	3415 5TH ST BROOKSHIR			SUITE #;	CITY;			STATE;	ZIP CODE
8	CAMPAIGN TREASURER PHONE	(281)	375-	NUMBER -8255		EXTENSION				
9	REPORT TYPE	January 15		30th day before e	election	Runoff			15th day after treasurer ap (Officeholder	pointment
		July 15		8th day before ele	ection	Exceeded Reporting	d Modified Limit			(Attach C/OH - FR)
10	PERIOD COVERED	Month 7	Day / 1 /	Year / 21	т	HROUGH	Month 12	Day / 2	Year / 21	
11	ELECTION	Month Day	Year	Primary General		Runoff	Other Description			
12	OFFICE	OFFICE HELD (if any)				13 OFFICE SOUG	HT (if known))		
14	NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATES COMMITTEE TYPE	LEHOLDER. TH	HESE EXPENDITURES	S MAY HAV	E REEN MADE WITHO	HIT THE CAMO	MATES OF	OFFICE VIOLE	TERM WHOMA FRACE OR
		OGMINITEE THE								
	Additional Pages	GENERAL	COMMITTE	E ADDRESS						
		SPECIFIC		E CAMPAIGN TRE		-				
			COMMITTE	E CAMPAIGN TRE	EASURER	ADDRESS				
				GO ТО	PAGE	2				

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

STA	N	KI.	TZN	MA	N

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

1 C/OH NAME

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below only if you are not an officeholder. ..

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

· Complete this section only if you are an officeholder ·

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form. Other (enter a category not listed above)						
1 Total pages Schedule F1:	2 FILER NAME STAN KITZMAN		3 Filer ID (Ethics Commission Filers)				
4 Date 09/01/2021	6 Payee name WALLER COUNTY CRIME STOPPE	ERS					
6 Amount (\$) 1,023.00	7 Payee address; PO BOX 655 HEMPSTEAD, TX 77445	City;	State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTIONS/DONATIONS	(b) Description CHARITABLE DONATION					
9 Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name						
expenditure to benefit C/OF		omoo oodgii					
Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Payee address; City: State: Zip Code Description Check if travel outside of Texas Complete Schedule) Category (See Categories listed at the top of this schedule) Payee address; City: State: Zip Code Check if Austin, TX, officeholder living expense City: State: Zip Code Check if Austin, TX, officeholder living expense City: State: Zip Code Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense Check if Description Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office sought Office held Payee name						
Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description					
		Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF THIS :	SCHEDULE AS NEE	DED				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAIVIPAIGI	IA LIIA	ANCE REPORT			
15 C/OH NAME STAN KITZMAN			16 Filer	ID (Eth	nics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES		\$	1,023.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	\$	0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	0.00
		affirm, under penalty of perjury, that the accompanying report is true e reported by me under Title 15, Election Code.	and co	rrect an	d includes all information

Signature of Candidate or Officeholder

Please complete either option below:

NOTARY STAMP SEALOR	WENDY SIDWELL Notary ID #2150745 My Commission Expires October 12, 2025					
Sworn to and subscribed before	те me by STAN КЛ	2mAN	this	the 2 M	d day of L	ECEMBER.
20 ZI , to certify which Sedwell Signature of officer administering or	Volum	office. y Sidwell me of officer administering	oath		,	Y PUBLIC radministering oath
(2) Unsworn Declaration		OR				
My name is		, and	my date of bi	rth is		
My address is				_,,	,	
Executed in	(street)County, State of	, on the	(city) day of((state)	(zip code) , 20(year)	(country)
		s	signature of C	andidate/Off	iceholder (Decla	arant)

(1) Affidavit

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME STAN KITZMAN 20 Filer ID (Ethics Comm					
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00		
4.	SCHEDULE E: LOANS		\$	0.00		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	TRIBUTIONS	\$	1,023.00		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	0.00		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	s	\$	0.00		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	USINESS OF C/OH	\$	0.00		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	0.00		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$	0.00		