CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guil	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000012	2 PAGE# 1 of 6				
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY				
OFFICEHOLDER	Mr. George						
NAME			Date Received				
,	NICKNAME LAST	SUFFIX					
•	. Hittner						
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE					
MAILING	One Greenway Plaza	f	17 miles 19				
ADDRESS	Suite 225 Houston, TX 77046	·	Date Hand-delivered or Date Postmarked				
X Change of Address	Tibusion, 1277040	Ţ	Date Hand-delivered of Date Postmarked				
			S Man				
		•	Receipt# Amount				
5 CAMPAIGN	MS/MRS/MR FIRST Mr. Alvin	Mi	Date Processed				
TREASURER NAME		•	Date Imaged				
177 WIL	NICKNAME LAST Zimmerman	SUFFIX	Date imaged				
	Zimioman						
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT	/ SUITE #; CITY; STATE;	ZIP CODE				
TREASURER	One Greenway Plaza						
ADDRESS (Residence or business)	Suite 225 Houston, TX 77046						
(Hodisonos G. Baumida)	riodotori, rx ry o do						
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION					
TREASURER PHONE	(713) 526-3399		·				
8 REPORT TYPE							
V KEI OKI TITE	X January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (officeholder only)				
	July 15 Sth day before	election Exceeded \$500 limit	Final report (Attach C/OH - FR)				
			,				
9 PERIOD	Month Day Year	Month Day	Year				
COVERED		HROUGH	ne				
	07/01/2006	12/31/200	J6				
10 ELECTION	ELECTION DATE ELECTION	ON TYPE					
	Month Day Year	rimary Runoff	General Special				
	ļ — · · ·						
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	1				
42 NOTICE							
13 NOTICE OF DIRECT	Direct campaign expenditures are campaig	n expenditures made by others without the ca	ndidate's prìor consent or approval.				
CAMPAIGN	Candidates are required to disclose this information	mon only if they receive notification of the dire	or campaign experience.				
EXPENDITURE BY OTHER	Name	•					
INDIVIDUALS							
	Address (BO Rev) And J Duille #1 Office State	a: Zin Cada					
	Address/PO Box; Apt. / Suite #; City; Stat	e; Zip Code					
		•					
additional pages							
	<u> </u>						
	GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	IUIALS		COVER	SHEET PG 2			
14 C/OH NAME Hittne	er, George (Mr.)		15 ACCOUNT # 00000012	(Ethics Commission filers)			
16 NOTICE FROM	have been made with	otice of political expenditures by political committees to support the coord the candidate's or officeholder's knowledge or consent. Candidatey receive notice of such expenditures.	andidate / officeholder. T	hese expenditures may required to report this			
POLITICAL COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME						
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00			
EXPENDITURE TOTALS							
	4. TOTAL POLITICAL EXPENDITURES \$						
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,918.0						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$						
18 AFFIDAVIT	DEBORA L. ELLIS any Public, State of Texas y Commission Expires March 05, 2007	I swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Cooks Signature of C	s all information require	ed to be reported by			
Sworn to and subscrib	^17	Ganga Hittop	, this the	18th day			
Signature of officer admi	PEOlin	Dehm L. ElliS Print name of officer administering oath	Title of officer admir	U histering oath			

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction	ON GUIDE explains how to comp	lete this form.	-	1 PAGE # Schedule: 1/4	Repor	t: 3/6	
2 FILER NAME	Hittner, George (Mr.)		3 ACCOUNT # 00000012	(Ethics C	ommission filers)		
4 Date	5 Payee name Armadillo Palace		<u> </u>		7	Amount (\$)	
07/28/2006 6 Payee address; City; State; Zip Code 5015 Kirby Dr Houston, TX 77098							
	yment ns regarding type of information ons: Sponsorship	required.)	9 · · Complete if direct Candidate / Officehol		fit Cand	idate/Officeholder ''	
_			Office sought:			·	
	or travel outside Texas (complete		Office held:				
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	ary)		
11 Departure city	/ location	12 Departure date	13 Destination city / location 14 Arrival date		14 Arrival date		
15 Means of trans	portation		16 Purpose of travel				
4 Date	5 Payee name Blakemore & Associate	3	•		7	Amount (\$)	
08/22/2006	6 Payee address; C 3405 Edloe Suite 380 Houston, TX 77027	ity; State; Zip Code				\$9.54	
•	yment ns regarding type of information e: Courier & Delivery	required.)	9 · · Complete if direct Candidate / Officehol		fit Cand	idate/Officeholder ••	
			Office sought:				
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office held:				
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	ary)		
11 Departure city	/ location	13 Destination city / location 14 Arrival date			14 Arrival date		
15 Means of trans	portation		16 Purpose of travel				

Clark, Trey

11/14/2006

11 Departure city / location

15 Means of transportation

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 **POLITICAL EXPENDITURES** SCHEDULE F 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 2/4 Report: 4/6 2 FILER NAME Hittner, George (Mr.) 3 ACCOUNT# (Ethics Commission filers) 00000012 Date Payee name Amount Clark, Trey (\$) 07/28/2006 \$600.00 6 Payee address; City; State; Zip Code 559 Sue Barnett Houston, TX 77089 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Public Relations: Sponsorship Office sought: Office held: Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date 16 Purpose of travel 15 Means of transportation Amount Date Payee name

	11/14/2006	6	Payee address; 559 Sue Barnett Houston, TX 77089	City; State	; Zip Code		
8	(See instruction	ns r	nt egarding type of informati : Sponsorship	on required.)		9 * Complete if direct expenditure to bene Candidate / Officeholder name:	fit Candidate/Officeholder **
						Office sought:	
	Payment fo	or tra	avel outside Texas (compl	ete boxes 10-	16)	Office held:	
10	Name of perso	n(s)	traveling on whose behal	f the expendit	ure for travel	was made (attach additional pages if necess	ary)

13 Destination city / location

16 Purpose of travel

12 Departure date

(\$)

14 Arrival date

\$200.00

exas Ethics Com	nmission P.O.Box 12070	Austin, Texas	78711-2070	(512)46	3-5800	1-800-325-850
POLITI	CAL EXPENDIT	URES			S	CHEDULE F
The Instruction	on Guide explains how to comp	lete this form.		1 PAGE # Schedule: 3/4	Report	t: 5/6
2 FILER NAME	Hittner, George (Mr.)		, ,	3 ACCOUNT # 00000012	(Ethics Co	ommission filers)
4 Date	5 Payee name Green , Lisa				7	Amount (\$)
11/04/2006	6 Payee address; C 14422 Silversmine Dr Houston, TX 77014	City; State; Zip Code		•••••		\$100.00
	yment yns regarding type of information ons: Sponsorship	required.)	9 ° Complete if direc Candidate / Officehol		ifit Candi	date/Officeholder **
			Office sought:			
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office held:			
10 Name of perso	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit		ary)	14 Arrival date
II Departure ony i	/ IOCALION	12 Departure vate	10 Desurration only /	UCation		14 Allifordato
15 Means of trans	portation		16 Purpose of travel		1	
4 Date	5 Payee name Houston Photo Imaging				7	Amount (\$)
12/01/2006	6 Payee address; C 2621 S Shepherd Suite Houston, TX 77098	City; State; Zip Code 140				\$1,763.48
8 Purpose of pay (See instruction Photography	ons regarding type of information	required.)	9 ** Complete if direc Candidate / Officeho	t expenditure to bene ider name:	fit Candi	date/Officeholder **
☐ Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:			
10 Name of perso	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	iary)	
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date
15 Means of trans	portation	l	16 Purpose of travel			

POLITICAL EXPENDITURES

SCHEDULE F

			<u></u>			
The Instructi	ON GUIDE explains how to comp	olete this form.		1 PAGE # Schedule: 4/4 Report: 6/6		
2 FILER NAME	Hittner, George (Mr.)			3 ACCOUNT # 00000012	(Ethics C	Commission filers)
4 Date	5 Payee name Mathhews, Rahcel				7	Amount (\$)
11/04/2006	6 Payee address; C 6832 Heron Houston, TX 77087	City; State; Zip Code	••••••			\$100.00
	yment ons regarding type of information ons: Sponsorship	required.)	9 ** Complete if direc Candidate / Officehol		efit Cano	idate/Officeholder **
☐ Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:			
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)						
11 Departure city	/ location	12 Departure date	13 Destination city / location 14 Arrival date			14 Arrival date
15 Means of trans	portation		16 Purpose of travel			· · · · · · · · · · · · · · · · · · ·
4 Date 07/20/2006	5 Payee name Michael Wolfe Campaig 6 Payee address; C P O Box 550013 Houston, TX 77255	in Sity; State; Zip Code			7	Amount (\$) \$100.00
	 yment ns regarding type of information ons: Sponsorship	required.)	9 · · Complete if direct Candidate / Officehol		efit Cand	idate/Officeholder
	or travel outside Texas (complete	<u> </u>	Office sought: Office held:			
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addıtı	onal pages if necess	ary)	
11 Departure city / location 12 Departure date			13 Destination city / k	ocation		14 Arrival date
15 Means of trans	portation		16 Purpose of travel			
			. ;			

Qbhf !2!pg2

Validation Results for Report: COH Hittner,20060701,20061231 Report passed validation.

Passing validation does not mean that all required information has been included in the report. The validator ensures that CERTAIN required information is included. You should review the applicable Ethics Commission guide and the software HELP to ensure that ALL required information is included.

Error Level Key

Level 12- Errors indicate that a field contains unacceptable data (such as letters in a zip code field). Level 12 errors must be corrected in order to print or process a report.

Level 08- Errors indicate non-compliance with reporting requirements (such as no amount entered for a contribution). Level 8 errors must be corrected in order to file a report.

Level 06- Errors indicate non-compliance with reporting requirements. Although Level 6 errors should be corrected for legal compliance, it is possible to file a report with Level 6 errors.

Level 06- Errors indicate non-compliance with reporting requirements. Although Level 6 errors should be corrected for legal compliance, it is possible to file a report with Level 6 errors. Notes:

You may find it helpful to print a copy of this document. To fix errors, go back to the software and open the Data Entry Screen indicated below. Locate the Item_ID in the grid at the top of the data entry screen and click on it to highlight that row. Click on the 'Edit' button at the bottom of the screen and make the changes necessary to fix the error, then click on the 'Save' button. Repeat this procedure for each error below. If an Item ID# on this page contains the phrase 'TRVL' then the error is under 'Enter Travel Info.'

Results Summary

Level 12 Errors	Level 08 Errors	Level 06 Errors	
1	1	1	

The following errors were encountered during the validation:

Error Level	Data Entry Screen	Field Where Error Occurred	ERF Field #	Item ID #	Field Content	Error Message

From: Origin ID: (713)526-3399
Allen Blakemore
BLAKEMORE & ASSOCIATES
One Greenway Plaza
SUITE 225
HOUSTON, TX 77046

SHIP TO: (713)247-1840
Anna Russell
Houston City Secretary
900 Bagby P-101

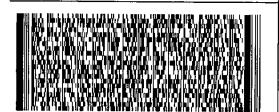
Houston, TX 77002

Ship Date: 13JAN07 ActWgt: 1 LB System#: 5651400/INET2500 Account#: S ********

REF: George Hittner Report



Delivery Address Bar Code



PRIORITY OVERNIGHT

TRK# **7990 6805 2259**

FORM 0201 Deliver By: 15JAN07

IAH

A1

MON

77002 -TX-US



Shipping Label: Your shipment is complete

- 1. Use the 'Print' feature from your browser to send this page to your laser or inkjet printer.
- 2. Fold the printed page along the horizontal line.
- 3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.