



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME

Herman Litt

16 ACCOUNT # (Ethics Commission file)

17 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of political expenditures 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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4,250.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 34,974.44

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

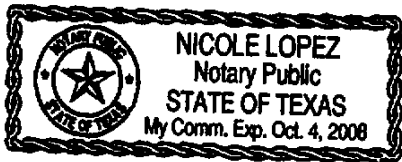
1,547.21

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTAR / STAMP / SEAL ABOVE

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.

Herman Litt

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Herman Litt this the 17<sup>th</sup> day of January, 2006, to certify which, witness my hand and seal of office.

Nicole Lopez

Signature of officer administering oath

Nicole Lopez

Printed name of officer administering oath

Notary Public

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.				1 Total pages Schedule A: Page 1 of 4	
2 FILER NAME Herman Litt				3 ACCOUNT # (Texas Commission filers)	
4 Date 10-30-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dannette McElroy-Davis	6 Contributor address, City, State, Zip Code [REDACTED] HOUSTON, TX 77096	7 Amount of contribution (\$) <input checked="" type="checkbox"/> 100.00	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
11-1-05	Marilyn Litt	[REDACTED] HOUSTON, TX 77096	17.19	In-kind contribution description (if applicable) Sign Posts	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
11-1-05	David Pevido	[REDACTED] HOUSTON, TX 77056	250.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions) Owner Briargrove Pharmacy			Employer (See Instructions)		
11-3-05	Leonard B. Tatar	[REDACTED] HOUSTON, TX 77046	200.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
11-3-05	Daniel S. Trachtenberg	[REDACTED] HOUSTON, TX 77056	100.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

Pg. 2 of 4

2 FILER NAME

Herman Litt

3 ACCOUNT # (Ethics Commission filers)

4 Date

11-4-05

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Marilyn Litt

6 Contributor address; City; State; Zip Code

Houston, TX. 77096

7 Amount of contribution (\$)

\$ 50.00

8 In-kind contribution description (if applicable)

Campaign labels

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11-7-05

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Jack Markman

Contributor address; City; State; Zip Code

Houston, TX. 77024

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-7-05

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Barbara Markman

Contributor address; City; State; Zip Code

Houston, TX. 77024

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-7-05

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Staci Watson

Contributor address; City; State; Zip Code

Houston, TX. 77024

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-7-05

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Elyn D. Jackson

Contributor address; City; State; Zip Code

Tampa, FL 33607

Amount of contribution (\$)

\$ 250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Terry Smith &amp; Co. Architects

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A

Pg 3 of 4

2 FILER NAME

Herman Litt

3 ACCOUNT # (Ethics Commission files)

4 Date

11-7-05

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Thomas Jones

6 Contributor address; City; State; Zip Code

HOUSTON, TX. 77056

7 Amount of contribution (\$)

\$ 500.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Consultants, BS. Advisor's

10 Employer (See Instructions)

McConnell Jones & Hanier & Murphy

Date

11-8-05

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Lorraine Horwitz

Contributor address; City; State; Zip Code

HOUSTON, TX. 77096

Amount of contribution (\$)

\$ 250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

housewife

Employer (See Instructions)

N/A

Date

11-8-05

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Edwin Freedman

Contributor address; City; State; Zip Code

HOUSTON, TX. 77096

Amount of contribution (\$)

\$ 250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-8-05

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Carolyn Axelrad

Contributor address; City; State; Zip Code

HOUSTON, TX. 77096

Amount of contribution (\$)

\$ 750.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-8-2005

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Bradley, Jill Deutser

Contributor address; City; State; Zip Code

HOUSTON, TX. 77056

Amount of contribution (\$)

\$ 500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

President / Yaffe Deutser Co.

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
*Pg 4 of 4*

2 FILER NAME  
*Herman Litt*

3 ACCOUNT # (Ethics Commission files)

4 Date  
*11-11-05*

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
*Jon N. Strange*

7 Amount of contribution (\$)  In-kind contribution description (if applicable)  
*500.00*

6 Contributor address; City; State; Zip Code  
[Redacted]  
*Katy, Tx 77494*

9 Principal occupation / Job title (See Instructions)  
*President / JNS, Inc.*

10 Employer (See Instructions)

Date  
*11-15-05*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
*Serry Eagleson*

Amount of contribution (\$)  In-kind contribution description (if applicable)  
*350.00*

Contributor address; City; State; Zip Code  
[Redacted]  
*Richmond, TX 77469*

Principal occupation / Job title (See Instructions)  
*Retired*

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)  In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

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)

Contributor address; City; State; Zip Code

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)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F

pg. 1 of 5

2 FILER NAME

Herman Litt

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-30-05

5 Payee name

Newmann + Co.

6 Payee address; City; State; Zip Code

1314 W. Webster  
Houston, TX 77019

7 Amount (\$)

\$ 6,660.90

8 Purpose of payment (See instructions regarding type of information required.)

Consulting +  
Campaign mailers

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

10-30-05

Payee name

International Mailing Systems

Payee address; City; State; Zip Code

815 Live Oak  
Houston, TX 77003

Amount (\$)

\$ 3,457.20

Purpose of payment (See instructions regarding type of information required.)

Mailer addresses + postage

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

11-1-05

Payee name

Tim Douglass

Payee address; City; State; Zip Code

3011 Conway  
Houston, TX 77025

Amount (\$)

\$ 1500.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Manager Salary

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

11-1-05

Payee name

Tim Douglass

Payee address; City; State; Zip Code

3011 Conway  
Houston, TX 77025

Amount (\$)

\$ 294.44

Purpose of payment (See instructions regarding type of information required.)

Campaign manager expenses

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The instruction Guide explains how to complete this form.		1 Total pages Schedule F: pg 2 of 5
2 FILER NAME Herman Litt		3 ACCOUNT # (Ethics Commission filers)
4 Date 11-2-05	5 Payee name International Mailing Systems 6 Payee address; City, State, Zip Code 815 Live Oak Houston, TX, 77003	7 Amount (\$) \$ 4,768.02
8 Purpose of payment (See instructions regarding type of information required.) Mailer addresses + postage		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11-3-05	Payee name Sam's Payee address; City, State, Zip Code 5310 S. Rice Ave. Houston, TX, 77081	Amount (\$) \$ 17.24
Purpose of payment (See instructions regarding type of information required.) Supplies for Election Day Poll Workers		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11-3-05	Payee name Office Max Payee address; City, State, Zip Code 270 Meyerland Plaza Houston, TX, 77096	Amount (\$) \$ 37.87
Purpose of payment (See instructions regarding type of information required.) Election Day Pushcarts		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11-4-05	Payee name Sprint Digital Print Payee address; City, State, Zip Code 10100 Clay Rd, Suite C Houston, TX, 77080	Amount (\$) \$ 395.00
Purpose of payment (See instructions regarding type of information required.) Yard signs		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES** **SCHEDULE F**

The instruction Guide explains how to complete this form. 1 Total pages Schedule F  
pg 3 of 5

2 FILER NAME Herman Litt 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>11-5-05</u>	5 Payee name <u>Office Max</u> 6 Payee address; City, State, Zip Code <u>270 Meyerland Plaza Houston, TX 77096</u>	7 Amount (\$) \$ <u>19.68</u>
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8 Purpose of payment (See instructions regarding type of information required.) <u>E-day Pushcards</u>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <u>11-7-05</u>	Payee name <u>Randalls</u> Payee address; City, State, Zip Code <u>4800 W. Bellfort Houston, TX 77096</u>	Amount (\$) \$ <u>21.65</u>
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Purpose of payment (See instructions regarding type of information required.) <u>Balloons for E-night party</u>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <u>11-9-05</u>	Payee name <u>Neumann &amp; Co.</u> Payee address; City, State, Zip Code <u>1314 W. Webster Houston, TX 77019</u>	Amount (\$) \$ <u>10,064.45</u>
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Purpose of payment (See instructions regarding type of information required.) <u>Campaign mailers</u>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <u>11-8-05</u>	Payee name <u>Fuzzy's Pizza Cafe</u> Payee address; City, State, Zip Code <u>5925 Kirby Houston, TX 77005</u>	Amount (\$) \$ <u>744.38</u>
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Purpose of payment (See instructions regarding type of information required.) <u>E-night Party</u>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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## POLITICAL EXPENDITURES

## SCHEDULE F

The instruction Guide explains how to complete this form.		1 Total pages Schedule F: pg 4 of 5
2 FILER NAME Herman Litt		3 ACCOUNT # (Ethics Commission filers)
4 Date 11-10-05	5 Payee name Tim Douglass 6 Payee address: City: State: Zip Code 3011 Conway Houston, TX 77025	7 Amount (\$) \$ 750.00
8 Purpose of payment (See instructions regarding type of information required.) Campaign manager salary		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11-14-05	Payee name Denise Painter Payee address: City: State: Zip Code 1 Market St. #650 Camden, N.J. 8102	Amount (\$) \$ 3,893.68
Purpose of payment (See instructions regarding type of information required.) Phone bank calls		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11-30-05	Payee name Kelliant Energy Payee address: City: State: Zip Code P.O. Box 650475 Dallas, TX. 76265	Amount (\$) \$ 299.32
Purpose of payment (See instructions regarding type of information required.) headquarters electricity		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12-7-05	Payee name Tim Douglass Payee address: City: State: Zip Code 3011 Conway Houston, TX	Amount (\$) IP 1000.00
Purpose of payment (See instructions regarding type of information required.) Campaign Manager Salary		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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## POLITICAL EXPENDITURES

## SCHEDULE F

The instruction Guide explains how to complete this form.		1 Total pages Schedule F pg 5 of 5
2 FILER NAME Herman Litt		3 ACCOUNT # (Ethics Commission Mers)
4 Date 12-26-05	5 Payee name Reliant Energy 6 Payee address: City, State, Zip Code P.O. Box 650475 Dallas, TX 75265	7 Amount (\$) \$ 50.61
8 Purpose of payment (See instructions regarding type of information required.) Headquarters Electricity		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date 1-5-06	Payee name Denise Painter Payee address: City, State, Zip Code 1 Market St. #650 Camden, N.J. 08102	Amount (\$) \$ 1000.00
Purpose of payment (See instructions regarding type of information required.) Phone Bank		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date	Payee name Payee address: City, State, Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date	Payee name Payee address: City, State, Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held

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