

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) 00000012	2 PAGE # 1 of 62
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST George	MI
	NICKNAME	LAST Hittner	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 3405 Edloe St. Ste 380 Houston, TX 77027-6523	APT / SUITE #;	CITY; STATE; ZIP CODE
			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Alvin	MI
	NICKNAME	LAST Zimmerman	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 3040 Post Oak Blvd Ste 1300 Houston, TX 77056	APT / SUITE #;	CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 552-1234	EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year 10/29/2005	THROUGH	Month Day Year 11/30/2005
10 ELECTION	ELECTION DATE Month Day Year 12/10/2005	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Houston City Council, Dist. C	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p>.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.</p>		
	Name		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

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

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

14 C/OH NAME Hittner, George (Mr.)

15 ACCOUNT # (Ethics Commission filers)
00000012

16 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 120,085.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 66,403.61

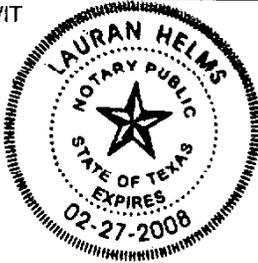
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 87,155.34

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 AFFIDAVIT



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.

George J. Hittner
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said George Hittner, this the 2nd day of December, 20 05, to certify which, witness my hand and seal of office.

Lauran Helms

Signature of officer administering oath

Lauran Helms

Print name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/35 Report: 3/62

2 FILER NAME Hittner, George (Mr.)

3 ACCOUNT # (Ethics Commission/ID#)

00000012

4 Date

5 Full name of contributor out-of-state PAC(ID# _____)
Adams, Conrad

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11/21/2005

6 Contributor address; City; State; Zip Code

Houston, TX 77002

\$100.00

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Ahmad, Zavitsanos, Anaipakos

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/28/2005

Contributor address; City; State; Zip Code

Houston, TX 77010

\$250.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Allen Boone Humphries Robinson LLP

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/22/2005

Contributor address; City; State; Zip Code

Houston, TX 77027

\$1,000.00

Principal occupation / Job title (See Instructions)
Attorney, Partner

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Alpert, Robert

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/11/2005

Contributor address; City; State; Zip Code

Houston, TX 77090

\$5,000.00

Principal occupation / Job title (See Instructions)
Pending; Information Requested

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Altman, Mickey D.

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/19/2005

Contributor address; City; State; Zip Code

Houston, TX 77002

\$250.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/35 Report: 4/62

2 FILER NAME Hittner, George (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000012

4 Date

11/28/2005

5 Full name of contributor: out-of-state PAC(ID# _____)
Angelo, Cliff6 Contributor address; City; State; Zip Code
██████████, TX 78731

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)
Managing Director

10 Employer (See Instructions)

Date

11/28/2005

Full name of contributor: out-of-state PAC(ID# _____)
Aronoff, Lynne GordonContributor address; City; State; Zip Code
██████████

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Investor

Employer (See Instructions)

Date

11/21/2005

Full name of contributor: out-of-state PAC(ID# _____)
Axelrad, Robert A.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)
Attorney

Employer (See Instructions)

Date

11/11/2005

Full name of contributor: out-of-state PAC(ID# _____)
Ayres, Leslie E.Contributor address; City; State; Zip Code
██████████

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

Date

11/17/2005

Full name of contributor: out-of-state PAC(ID# _____)
Baccus, Buddy Z.Contributor address; City; State; Zip Code
██████████

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Chairman

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/35 Report: 5/62

2 FILER NAME Hittner, George (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000012

4 Date

11/17/2005

5 Full name of contributor out-of-state PAC(ID# _____)
Baker Botts Amicus Fund

6 Contributor address; City; State; Zip Code

Houston, TX 77002

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)

Date

11/22/2005

Full name of contributor out-of-state PAC(ID# _____)
Beirne, Maynard & Parsons LLP

Contributor address; City; State; Zip Code

Houston, TX 77056

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

Date

11/24/2005

Full name of contributor out-of-state PAC(ID# _____)
Bercu, Michael P.

Contributor address; City; State; Zip Code

Houston, TX 77004

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Senior Systems Analyst

Employer (See Instructions)

Date

11/24/2005

Full name of contributor out-of-state PAC(ID# _____)
Bhonsle, Sarla T.

Contributor address; City; State; Zip Code

Houston, TX 77060

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Radiologist

Employer (See Instructions)

Date

11/20/2005

Full name of contributor out-of-state PAC(ID# _____)
Bickerstaff, Jr., Robert S.

Contributor address; City; State; Zip Code

Houston, TX 77002

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/35 Report: 6/62

2 FILER NAME Hittner, George (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000012

4 Date

5 Full name of contributor out-of-state PAC(ID# _____)
Black, John Milton

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11/13/2005

6 Contributor address; City; State; Zip Code
[REDACTED]
Houston, TX 77005

\$1,000.00

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Bloome, MD, Michael A.

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/19/2005

Contributor address; City; State; Zip Code
[REDACTED]
Houston, TX 77019

\$150.00

Principal occupation / Job title (See Instructions)
Physician

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Bornstein, Harry

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/17/2005

Contributor address; City; State; Zip Code
[REDACTED]

\$1,000.00

Principal occupation / Job title (See Instructions)
Professor

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Brady, Gerald M.

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/29/2005

Contributor address; City; State; Zip Code
[REDACTED]

\$1,000.00

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Bramblett, Jr, George W.

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/29/2005

Contributor address; City; State; Zip Code
[REDACTED]

\$500.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 5/35 Report: 7/62

2 FILER NAME Hittner, George (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000012

4 Date

10/30/2005

5 Full name of contributor out-of-state PAC(ID# _____)
Buck, Larry W.

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)
Pending; Information Requested

10 Employer (See Instructions)

Date

11/23/2005

Full name of contributor out-of-state PAC(ID# _____)
Buxbaum, Steven A.

Contributor address; City; State; Zip Code
[REDACTED]
Houston, TX 77010

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

Date

11/28/2005

Full name of contributor out-of-state PAC(ID# _____)
CDM PAC

Contributor address; City; State; Zip Code
[REDACTED]
Houston, TX 77027

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Marketing Sales

Employer (See Instructions)

Date

11/15/2005

Full name of contributor out-of-state PAC(ID# _____)
Chernow, Joseph M.

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Yellow Cab Owner

Employer (See Instructions)

Date

11/21/2005

Full name of contributor out-of-state PAC(ID# _____)
Chin, Helen

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Paralegal

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/35 Report: 8/62

2 FILER NAME Hittner, George (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000012

4 Date

5 Full name of contributor out-of-state PAC(ID# _____)
Collins, John M.

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11/11/2005

6 Contributor address; City; State; Zip Code
[REDACTED]

\$250.00

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Compton, Jeffrey

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/09/2005

Contributor address; City; State; Zip Code
[REDACTED]

\$500.00

Principal occupation / Job title (See Instructions)
Pending; Information Requested

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Conner, Terry W.

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/26/2005

Contributor address; City; State; Zip Code
[REDACTED]

\$100.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Cooper, Megan M.

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/21/2005

Contributor address; City; State; Zip Code
[REDACTED]

\$50.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Cromack, Dan

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/21/2005

Contributor address; City; State; Zip Code
[REDACTED]

\$100.00

Principal occupation / Job title (See Instructions)
Staff Political Consultant

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 7/35 Report: 9/62

2 FILER NAME Hittner, George (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000012

4 Date

11/17/2005

5 Full name of contributor out-of-state PAC(ID# _____)
Crowley Douglas & Norman LLP

6 Contributor address; City; State; Zip Code

Houston, TX 77010

7 Amount of contribution (\$)

\$1,000.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)

Date

10/30/2005

Full name of contributor out-of-state PAC(ID# _____)
Crumley, Diane

Contributor address; City; State; Zip Code

Houston, TX 77071-1502

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Sales

Employer (See Instructions)

Date

11/28/2005

Full name of contributor out-of-state PAC(ID# _____)
Crump, David L.

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Professor

Employer (See Instructions)

Date

11/20/2005

Full name of contributor out-of-state PAC(ID# _____)
Davis, Bill E.

Contributor address; City; State; Zip Code

League City, TX 77573

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

Date

11/08/2005

Full name of contributor out-of-state PAC(ID# _____)
Desilva, Darsh

Contributor address; City; State; Zip Code

81

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Pending; Information Requested

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/35 Report: 10/62	
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date 11/21/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dillingham, John A. 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 11/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dinerstein, Jeff S. Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77210	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)	
Date 11/14/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dinerstein M.D., Stevan L. Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77030	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)	
Date 11/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dominguez, Ben Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions)	
Date 11/07/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dowdy, Alicia K. Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77030	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 9/35 Report: 11/62

2 FILER NAME Hittner, George (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000012

4 Date 5 Full name of contributor out-of-state PAC(ID# _____)
11/16/2005 Dror, Daniel

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11/16/2005

6 Contributor address; City; State; Zip Code

\$3,000.00

9 Principal occupation / Job title (See Instructions)
CEO/Developer

10 Employer (See Instructions)

Date Full name of contributor out-of-state PAC(ID# _____)
11/21/2005 Eldridge, John R.

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/21/2005

Contributor address; City; State; Zip Code

\$100.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

Date Full name of contributor out-of-state PAC(ID# _____)
11/11/2005 Essmyer & Tritico LLP

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/11/2005

Contributor address; City; State; Zip Code

\$100.00

Principal occupation / Job title (See Instructions)
Attorneys

Employer (See Instructions)

Date Full name of contributor out-of-state PAC(ID# _____)
11/30/2005 Facility Services

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/30/2005

Contributor address; City; State; Zip Code

\$100.00

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)

Date Full name of contributor out-of-state PAC(ID# _____)
11/28/2005 Feigon MD PA, Judith T.

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/28/2005

Contributor address; City; State; Zip Code

\$200.00

Principal occupation / Job title (See Instructions)
Ophthalmologist

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 10/35 Report: 12/62

2 FILER NAME Hittner, George (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000012

4 Date

5 Full name of contributor out-of-state PAC(ID# _____)
Finder, Lawrence D.

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11/14/2005

6 Contributor address; City; State; Zip Code
[REDACTED]

\$250.00

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Fiorito, Deborah

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/30/2005

Contributor address; City; State; Zip Code
[REDACTED]

\$500.00

Principal occupation / Job title (See Instructions)
Pending; Information Requested

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Fisher Boyd Brown Boudreaux & Hugenard

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/15/2005

Contributor address; City; State; Zip Code
[REDACTED]
Houston, TX 77019

\$1,000.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Fleming & Associates LLP

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/10/2005

Contributor address; City; State; Zip Code
[REDACTED]
Houston, TX 77056

\$5,000.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Fleming PC, Michael P.

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/28/2005

Contributor address; City; State; Zip Code
[REDACTED]
Conroe, TX 77385

\$1,000.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/35 Report: 13/62	
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date 11/16/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Flodine, James B. 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions)	
Date 11/23/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Flynn, Patrick M. Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Foerster, Jarrod Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77046	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pending; Information Requested		Employer (See Instructions)	
Date 11/30/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Folladori, Marc Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11/14/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Forrest, Alexander A. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/35 Report: 15/62	
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date 11/28/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fulbright & Jaworski LLP 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77010	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions)	
Date 11/18/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Goff, Walter S. Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77084	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pending; Information Requested		Employer (See Instructions)	
Date 11/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gonzales Cron, Catarina Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Harris County	
Date 11/09/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gordon, Stephen K. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pending; Information Requested		Employer (See Instructions)	
Date 11/01/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Greenberg, David (Mr.) Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77057	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) Campaign Headquarters Office Space
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 PAGE #

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2 FILER NAME Hittner, George (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000012

4 Date

5 Full name of contributor out-of-state PAC(ID# _____)
Grizzle, J. David

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11/15/2005

6 Contributor address; City; State; Zip Code
[REDACTED]

\$500.00

9 Principal occupation / Job title (See Instructions)
Executive

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Groendyke, John D.

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/17/2005

Contributor address; City; State; Zip Code
[REDACTED]

\$500.00

Principal occupation / Job title (See Instructions)
Truck Transportation

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Gross, Jenard N.

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/23/2005

Contributor address; City; State; Zip Code
[REDACTED]
Houston, TX 77056

\$500.00

Principal occupation / Job title (See Instructions)
Developer/Investor

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Gustafson, James

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/28/2005

Contributor address; City; State; Zip Code
[REDACTED]
Houston, TX 77024

\$500.00

Principal occupation / Job title (See Instructions)
Developer

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Harmon III, Frank

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/21/2005

Contributor address; City; State; Zip Code
[REDACTED]
Houston, TX 77010

\$500.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

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SCHEDULE A

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1 PAGE #

Schedule: 15/35 Report: 17/62

2 FILER NAME Hittner, George (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000012

4 Date **5** Full name of contributor out-of-state PAC(ID# _____)
Harper, John

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11/22/2005

6 Contributor address; City; State; Zip Code

\$100.00

Houston, TX 77002

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)

Date Full name of contributor out-of-state PAC(ID# _____)
Hartman Partnership LP

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/18/2005

Contributor address; City; State; Zip Code

\$500.00

Houston, TX 77043

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC(ID# _____)
Hedges, Daniel K.

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/15/2005

Contributor address; City; State; Zip Code

\$100.00

Houston, TX 77002

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

Date Full name of contributor out-of-state PAC(ID# _____)
Heflin, Charles

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/21/2005

Contributor address; City; State; Zip Code

\$25.00

Principal occupation / Job title (See Instructions)
Pending; Information Requested

Employer (See Instructions)

Date Full name of contributor out-of-state PAC(ID# _____)
Helfman, Alan

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/14/2005

Contributor address; City; State; Zip Code

\$200.00

Principal occupation / Job title (See Instructions)
Auto Dealer

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

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2 FILER NAME Hittner, George (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000012

4 Date

11/17/2005

5 Full name of contributor out-of-state PAC(ID# _____)
Hill, Lawrence W.

6 Contributor address; City; State; Zip Code

Houston, TX 77052

7 Amount of contribution (\$)

\$1,000.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)
CEO

10 Employer (See Instructions)

Date

11/16/2005

Full name of contributor out-of-state PAC(ID# _____)
Hinds, Aubrey S.

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
U.S. Military

Employer (See Instructions)

Date

11/12/2005

Full name of contributor out-of-state PAC(ID# _____)
Hittner, MD, Helen Mintz

Contributor address; City; State; Zip Code

Houston, TX 77030

Amount of contribution (\$)

\$5,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Doctor

Employer (See Instructions)

Date

11/30/2005

Full name of contributor out-of-state PAC(ID# _____)
Holmes, Ned S.

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Investor

Employer (See Instructions)

Date

11/14/2005

Full name of contributor out-of-state PAC(ID# _____)
HOME-PAC Greater Houston Builders Assoc

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$5,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

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Schedule: 17/35 Report: 19/62

2 FILER NAME Hittner, George (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000012

4 Date

5 Full name of contributor out-of-state PAC(ID# _____)
HOME-PAC Greater Houston Builders Assoc

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11/28/2005

6 Contributor address; City; State; Zip Code
Houston, TX 77064

\$250.00

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Horwitz, Barry

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/14/2005

Contributor address; City; State; Zip Code
Houston, TX 77064

\$150.00

Principal occupation / Job title (See Instructions)
Doctor

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
HOUCONPAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/28/2005

Contributor address; City; State; Zip Code
Houston, TX 77401

\$1,000.00

Principal occupation / Job title (See Instructions)
Contractor

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Huelbig, Larry

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/22/2005

Contributor address; City; State; Zip Code
Houston, TX 77064

\$100.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Hughes, Patrick

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/22/2005

Contributor address; City; State; Zip Code
Houston, TX 77002

\$200.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

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SCHEDULE A

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2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date 11/21/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ibrahim, Marianne 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77007	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions)	
Date 11/14/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jarvis, Steven A. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions)	
Date 11/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jester, Brandie E. Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77007	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11/15/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Johnson, Larry D. Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions)	
Date 11/23/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Johnson, Matthew Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77027	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pending: Information Requested		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME Hittner, George (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000012

4 Date

5 Full name of contributor out-of-state PAC(ID# _____)
Johnson, Tim

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

11/15/2005

6 Contributor address: City; State; Zip Code

\$100.00

Houston, TX 77010

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Key, James E.

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/15/2005

Contributor address: City; State; Zip Code

\$100.00

Houston, TX 77098

Principal occupation / Job title (See Instructions)
Pending; Information Requested

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Kopel, Kenneth

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/15/2005

Contributor address: City; State; Zip Code

\$100.00

Principal occupation / Job title (See Instructions)
Pending; Information Requested

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Kouzounis, Anthony D.

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/28/2005

Contributor address: City; State; Zip Code

\$250.00

Principal occupation / Job title (See Instructions)
Pending; Information Requested

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Kouzounis, Demo

Amount of contribution (\$)

In-kind contribution description (if applicable)

11/15/2005

Contributor address: City; State; Zip Code

\$5,000.00

Principal occupation / Job title (See Instructions)
Automotive Repair

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/35 Report: 22/62	
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date 11/23/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kvinta, W. D.	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Houston, TX 77227			
9 Principal occupation / Job title (See Instructions) Real Estate Appraiser		10 Employer (See Instructions)	
Date 11/18/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Latimer, Truett	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 77027			
Principal occupation / Job title (See Instructions) Pending; Information Requested		Employer (See Instructions)	
Date 11/30/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Leal, David J.	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 77057			
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11/23/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Leeds, M.D., Leroy J.	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 77056			
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)	
Date 11/16/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lehrer, Dr. Kenneth	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 77056			
Principal occupation / Job title (See Instructions) Medical Doctor		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

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2 FILER NAME Hittner, George (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000012

4 Date

5 Full name of contributor out-of-state PAC(ID# _____)
Levit, Marshall J.

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

11/03/2005

6 Contributor address; City; State; Zip Code
[REDACTED]

\$100.00

9 Principal occupation / Job title (See Instructions)
Grocery Supply Buyer

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Levit, Marshall J.

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

11/22/2005

Contributor address; City; State; Zip Code
[REDACTED]

\$100.00

Principal occupation / Job title (See Instructions)
Grocery Supply Buyer

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Levit, Max

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

11/17/2005

Contributor address; City; State; Zip Code
[REDACTED]

\$100.00

Principal occupation / Job title (See Instructions)
Pending; Information Requested

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Lewis, Barry M.

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

11/30/2005

Contributor address; City; State; Zip Code
[REDACTED]
Houston, TX 77027

\$1,000.00

Principal occupation / Job title (See Instructions)
Developer

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC(ID# _____)
Lineberger Goggan Blair & Sampson

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

11/11/2005

Contributor address; City; State; Zip Code
[REDACTED]
The Woodlands, TX 77380

\$1,000.00

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/35 Report: 24/62	
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date 11/18/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lipshultz, Barbara 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions)	
Date 11/17/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Locke Liddel & Sapp LLP PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$10,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11/15/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Loddeke, Leslie Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pending; Information Requested		Employer (See Instructions)	
Date 11/16/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Marks, Fr�derick Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate/Developer		Employer (See Instructions)	
Date 10/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McGill, Donald R. Contributor address; City; State; Zip Code Houston, TX [REDACTED]	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Auto Dealer		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/35 Report: 25/62	
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date 11/23/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Meinke, Ronald C. 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77050	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Pending; Information Requested		10 Employer (See Instructions)	
Date 11/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mensing, Todd Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77050	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Michael, John J. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Miller, Richard Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11/09/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Minchberg, David M. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/35 Report: 26/62	
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date 11/16/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mintz MD, A. A. 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77024	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Physician		10 Employer (See Instructions)	
Date 11/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Montgomery, David Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77024	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Moore, Jay Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pending; Information Requested		Employer (See Instructions)	
Date 11/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Morrill, III, George P. Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77024	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11/14/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Nathan Sommers Jacobs Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77024	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/35 Report: 27/62	
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date 11/22/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Navarro, Jr., Wilfred 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77007	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 11/17/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Nichols, Nick C. Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Nirken, Milton H. Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)	
Date 11/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Outdoor PAC Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Owen, III, Keith Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pending; Information Requested		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/35 Report: 28/62	
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date 11/17/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Oxford, Patrick 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions)	
Date 11/03/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Page, Jane Bass Contributor address; City; State; Zip Code Houston, TX 77056	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions)	
Date 11/07/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Pappas, Christopher Contributor address; City; State; Zip Code Houston, TX 77030	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11/07/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perry, Aaron Contributor address; City; State; Zip Code Houston, TX 77030	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)	
Date 11/15/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perry, Bob J. Contributor address; City; State; Zip Code Houston, TX 77030	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Homebuilder		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/35 Report: 29/62	
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date 11/15/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perry, Doyleene 6 Contributor address: City; State; Zip Code Houston, TX 77058	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Investor		10 Employer (See Instructions)	
Date 11/15/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perry, Jack W. Contributor address: City; State; Zip Code	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pending; Information Requested		Employer (See Instructions)	
Date 11/15/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perry, Stephani M. Contributor address: City; State; Zip Code	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pending; Information Requested		Employer (See Instructions)	
Date 11/19/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Phillips, Thomas R. Contributor address: City; State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney/Professor		Employer (See Instructions)	
Date 11/16/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Pribyl, William L. Contributor address: City; State; Zip Code Houston, TX 77058	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pending; Information Requested		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 28/35 Report: 30/62	
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date 11/15/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Reed, Harry L. 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Law Professor		10 Employer (See Instructions)	
Date 11/27/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Reliant Energy Inc PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Manager, Government Affairs		Employer (See Instructions)	
Date 11/17/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Riker, A. M. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pending; Information Requested		Employer (See Instructions)	
Date 11/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rose, Lynden B. Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rutter, Kent G. Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77010	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 29/35 Report: 31/62	
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date 11/03/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sacks, Sandra	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 11/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Salomon, William	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78248			
Principal occupation / Job title (See Instructions) Pending; Information Requested		Employer (See Instructions)	
Date 11/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Saperstein, David	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056			
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions)	
Date 11/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Schechter, Arthur L.	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions)	
Date 11/04/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Schube, Stuart	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 30/35 Report: 32/62	
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date 11/11/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Schwartz, Lee 6 Contributor address; City; State; Zip Code Houston, TX 77030	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions)	
Date 11/15/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Setzler, Paul E. Contributor address; City; State; Zip Code Houston, TX 77030	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)	
Date 11/07/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Simpson, Ashli C. Contributor address; City; State; Zip Code Houston, TX 77025	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pending; Information Requested		Employer (See Instructions)	
Date 11/11/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Skipper, Lawrence N. Contributor address; City; State; Zip Code Houston, TX 77025	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pending; Information Requested		Employer (See Instructions)	
Date 11/09/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sofer, Roger S. Contributor address; City; State; Zip Code Houston, TX 77056	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pending; Information Requested		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 31/35 Report: 33/62	
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date 11/19/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Spencer, Dorothy S. 6 Contributor address; City; State; Zip Code Houston, TX 77028	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Homemaker		10 Employer (See Instructions)	
Date 11/17/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Steen, Lias J. Contributor address; City; State; Zip Code Houston, TX 77010	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Stokes, Amy Contributor address; City; State; Zip Code Houston, TX 77010	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11/21/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sullivan, Arthur J. Contributor address; City; State; Zip Code Houston, TX 77057	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pending; Information Requested		Employer (See Instructions)	
Date 11/13/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Thelma Mueller Living Trust Contributor address; City; State; Zip Code Houston, TX 77028	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 32/35 Report: 34/62	
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date 11/23/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Turk, Jack J.	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
	6 Contributor address: City; State; Zip Code [REDACTED] TX 77061		
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions)	
Date 11/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Vallone, Tony (Mr.)	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable) Fundraising Facility
	Contributor address: City; State; Zip Code [REDACTED] Houston, TX 77046		
Principal occupation / Job title (See Instructions) Restaurateur		Employer (See Instructions)	
Date 11/19/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Vazquez, Amy L.	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
	Contributor address: City; State; Zip Code [REDACTED] Houston, TX 77061		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11/21/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Vinson & Elkins Texas	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
	Contributor address: City; State; Zip Code [REDACTED] Houston, TX 77002		
Principal occupation / Job title (See Instructions) Attorneys		Employer (See Instructions)	
Date 11/30/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Volker, Odean	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Contributor address: City; State; Zip Code [REDACTED] Houston, TX 77002		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 33/35 Report: 35/62	
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date 11/21/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) VRWC Campaign Fund	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation / Job title (See Instructions) Treasurer		10 Employer (See Instructions)	
Date 11/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ward, Wesley R.	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Webster, Jason C.	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11/15/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Welling, J. Frederick	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions)	
Date 11/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wickliff, Jr., A. Martin	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 34/35 Report: 36/62	
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date 11/16/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wing, Louise H. 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 11/27/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wing, W. G. Trey Contributor address; City; State; Zip Code Houston, TX 77002	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pending; Information Requested		Employer (See Instructions)	
Date 11/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wolfe, Christian E. Contributor address; City; State; Zip Code Houston, TX 77002	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11/15/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Woods, Ronald G. Contributor address; City; State; Zip Code Houston, TX 77002	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11/14/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Yosowitz, Edward E. Contributor address; City; State; Zip Code Houston, TX 77030	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 35/35 Report: 37/62	
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date 11/15/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Young, Paul R. 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Veterinarian		10 Employer (See Instructions)	
Date 11/11/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Zager, Steven M. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 11/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Zarinkel, Giti Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)	
Date 11/05/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Zieben, Lee H. Contributor address; City; State; Zip Code [REDACTED] Houston, TX	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Home Builder		Employer (See Instructions)	
Date 11/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Zimmerman, Alvin L. Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #

Schedule: 1/25 Report: 38/62

2 FILER NAME Hittner, George (Mr.)**3** ACCOUNT #

(Ethics Commission filers)

00000012

4 Date**5** Payee name
Accel Printing**7** Amount
(\$)

11/30/2005

6 Payee address; City; State; Zip Code2948 Chimney Rock
Houston, TX 77056

\$467.37

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

Direct Mail:Voter Contact

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

Candidate / Officeholder name:

Office sought:
Office held:

Date

Payee name
AdvantageAmount
(\$)

10/31/2005

Payee address; City; State; Zip Code

1611 N. Kent St.
Ste. 905
Arlington, VA 22209

\$254.64

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
AdvantageAmount
(\$)

11/15/2005

Payee address; City; State; Zip Code

1611 N. Kent St.
Ste. 905
Arlington, VA 22209

\$157.98

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
Afar ConceptsAmount
(\$)

11/09/2005

Payee address; City; State; Zip Code

2810 Leeland
Houston, TX 77003

\$1,000.00

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

Signs

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

Candidate / Officeholder name:

Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/25 Report: 39/62
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012
4 Date 11/14/2005	5 Payee name Barry's Pizza 6 Payee address; City; State; Zip Code 6003 Richmond Ave. Houston, TX 77057	7 Amount (\$) \$54.11
8 Purpose of payment (See instructions regarding type of information required.) Headquarters: Staff Appreciation		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/31/2005	Payee name Blakemore & Associates Payee address; City; State; Zip Code 3405 Edloe St. Ste. 380 Houston, TX 77027	Amount (\$) \$1,750.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/31/2005	Payee name Blakemore & Associates Payee address; City; State; Zip Code 3405 Edloe St. Ste. 380 Houston, TX 77027	Amount (\$) \$800.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/01/2005	Payee name Blakemore & Associates Payee address; City; State; Zip Code 3405 Edloe St. Ste. 380 Houston, TX 77027	Amount (\$) \$2,500.00
Purpose of payment (See instructions regarding type of information required.) Consulting Fees		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/25 Report: 40/62
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012
4 Date 11/01/2005	5 Payee name Blakemore & Associates 6 Payee address; City; State; Zip Code 3405 Edloe St. Ste. 380 Houston, TX 77027	7 Amount (\$) \$106.67
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/09/2005	Payee name Blakemore & Associates Payee address; City; State; Zip Code 3405 Edloe St. Ste. 380 Houston, TX 77027	Amount (\$) \$45.15
Purpose of payment (See instructions regarding type of information required.) Contract Labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/09/2005	Payee name Blakemore & Associates Payee address; City; State; Zip Code 3405 Edloe St. Ste. 380 Houston, TX 77027	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/09/2005	Payee name Blakemore & Associates Payee address; City; State; Zip Code 3405 Edloe St. Ste. 380 Houston, TX 77027	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/25 Report: 41/62

2 FILER NAME Hittner, George (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000012

4 Date

11/14/2005

5 Payee name
Blakemore & Associates**6** Payee address; City; State; Zip Code
3405 Edloe St.
Ste. 380
Houston, TX 77027**7** Amount
(\$)

\$1,250.00

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

Contract Labor

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

Candidate / Officeholder name:

Office sought:
Office held:

Date

11/14/2005

Payee name
Blakemore & AssociatesPayee address; City; State; Zip Code
3405 Edloe St.
Ste. 380
Houston, TX 77027Amount
(\$)

\$500.00

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

Contract Labor

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

Candidate / Officeholder name:

Office sought:
Office held:

Date

11/14/2005

Payee name
Blakemore & AssociatesPayee address; City; State; Zip Code
3405 Edloe St.
Ste. 380
Houston, TX 77027Amount
(\$)

\$45.15

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

Contract Labor

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

Candidate / Officeholder name:

Office sought:
Office held:

Date

11/17/2005

Payee name
Blakemore & AssociatesPayee address; City; State; Zip Code
3405 Edloe St.
Ste. 380
Houston, TX 77027Amount
(\$)

\$45.15

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

Contract Labor

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

Candidate / Officeholder name:

Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/25 Report: 42/62
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012
4 Date 11/17/2005	5 Payee name Blakemore & Associates 6 Payee address; City; State; Zip Code 3405 Edloe St. Ste. 380 Houston, TX 77027	7 Amount (\$) \$2,650.00
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/17/2005	Payee name Blakemore & Associates Payee address; City; State; Zip Code 3405 Edloe St. Ste. 380 Houston, TX 77027	Amount (\$) \$625.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/17/2005	Payee name Blakemore & Associates Payee address; City; State; Zip Code 3405 Edloe St. Ste. 380 Houston, TX 77027	Amount (\$) \$625.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/17/2005	Payee name Boston Market Payee address; City; State; Zip Code 7616 Westheimer Rd. Houston, TX 77063	Amount (\$) \$28.75
Purpose of payment (See instructions regarding type of information required.) Headquarters: Staff Appreciation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/25 Report: 43/62

2 FILER NAME Hittner, George (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000012

4 Date	5 Payee name	7 Amount (\$)
10/31/2005	Doubletree Guest Suites 6 Payee address; City; State; Zip Code 5353 Westheimer Rd. Houston, TX 77056	\$14.00

8 Purpose of payment (See instructions regarding type of information required.)
Public Relations:Meals9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:Office sought:
Office held:

Date	Payee name	Amount (\$)
10/31/2005	El Don Mexican Restaurant Payee address; City; State; Zip Code 5901A Westheimer Rd. Houston, TX 77057	\$28.20

Purpose of payment (See instructions regarding type of information required.)
Public Relations:Meals** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:Office sought:
Office held:

Date	Payee name	Amount (\$)
11/28/2005	Fairchild Consulting Payee address; City; State; Zip Code 5489 Blair Rd. Ste. 275 Dallas, TX 75231	\$1,304.98

Purpose of payment (See instructions regarding type of information required.)
Consulting Fees** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:Office sought:
Office held:

Date	Payee name	Amount (\$)
10/31/2005	FedEx Kinkos Payee address; City; State; Zip Code 5616 Westheimer Rd. Houston, TX 77056	\$5.41

Purpose of payment (See instructions regarding type of information required.)
Headquarters:Office Supplies** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/25. Report: 44/62
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012
4 Date 11/14/2005	5 Payee name Flying Pig Pizza 6 Payee address; City; State; Zip Code 5311 Wesleyan Houston, TX 77005	7 Amount (\$) \$46.86
8 Purpose of payment (See instructions regarding type of information required.) Headquarters:Staff Appreciation		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/28/2005	Payee name G&E Impressions Payee address; City; State; Zip Code 6400 Westpark Dr. Ste. 310 Houston, TX 77057	Amount (\$) \$506.61
Purpose of payment (See instructions regarding type of information required.) Miscellaneous Communications		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/29/2005	Payee name Harris County Bayland Park Payee address; City; State; Zip Code 6400 Bissonet St. Houston, TX 77074	Amount (\$) \$140.00
Purpose of payment (See instructions regarding type of information required.) Fundraising Expense:Facilities		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/01/2005	Payee name Jewish Herald Voice Payee address; City; State; Zip Code 3403 Audley Houston, TX 77056	Amount (\$) \$1,308.00
Purpose of payment (See instructions regarding type of information required.) Print Advertising		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/25 Report: 45/62.

2 FILER NAME Hittner, George (Mr.)**3** ACCOUNT #

(Ethics Commission filers)

00000012

4 Date**5** Payee name

Jewish Herald Voice

7

Amount

(\$)

11/02/2005

6 Payee address; City; State; Zip Code3403 Audley
Houston, TX 77056

\$324.75

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

Print Advertising

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

Candidate / Officeholder name:

Office sought:
Office held:

Date

Payee name

Jewish Herald Voice

Amount

(\$)

11/10/2005

Payee address; City; State; Zip Code

3403 Audley
Houston, TX 77056

\$1,304.00

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

Print Advertising

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

Candidate / Officeholder name:

Office sought:
Office held:

Date

Payee name

Jewish Herald Voice

Amount

(\$)

11/17/2005

Payee address; City; State; Zip Code

3403 Audley
Houston, TX 77056

\$1,308.00

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

Print Advertising

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

Candidate / Officeholder name:

Office sought:
Office held:

Date

Payee name

Jewish Herald Voice

Amount

(\$)

11/23/2005

Payee address; City; State; Zip Code

3403 Audley
Houston, TX 77056

\$1,308.00

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

Print Advertising

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

Candidate / Officeholder name:

Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/25 Report: 46/62
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filer) 00000012
4 Date 11/14/2005	5 Payee name Kentucky Fried Chicken 6 Payee address; City; State; Zip Code 2265 W. Holcombe Houston, TX 77030	7 Amount (\$) \$5.29
8 Purpose of payment (See instructions regarding type of information required.) Headquarters:Staff Appreciation		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/31/2005	Payee name Kroger Payee address; City; State; Zip Code 5150 Buffalo Spwy. Houston, TX 77005	Amount (\$) \$32.99
Purpose of payment (See instructions regarding type of information required.) Headquarters:Office Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/09/2005	Payee name Kroger Payee address; City; State; Zip Code 5150 Buffalo Spwy. Houston, TX 77005	Amount (\$) \$20.53
Purpose of payment (See instructions regarding type of information required.) Headquarters:Office Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/31/2005	Payee name Linn, Eron Payee address; City; State; Zip Code 1442 Morrison Ct. Garland, TX 75040	Amount (\$) \$20.02
Purpose of payment (See instructions regarding type of information required.) Contract Labor:Travel Reimbursement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/25 Report: 47/62
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission flows) 00000012
4 Date 10/31/2005	5 Payee name Linn, Eron 6 Payee address; City; State; Zip Code 1442 Morrison Ct. Garland, TX 75040	7 Amount (\$) \$33.01
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor:Travel Reimbursement		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/31/2005	Payee name Linn, Eron Payee address; City; State; Zip Code 1442 Morrison Ct. Garland, TX 75040	Amount (\$) \$42.50
Purpose of payment (See instructions regarding type of information required.) Contract Labor:Travel Reimbursement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/31/2005	Payee name Linn, Eron Payee address; City; State; Zip Code 1442 Morrison Ct. Garland, TX 75040	Amount (\$) \$46.04
Purpose of payment (See instructions regarding type of information required.) Contract Labor:Travel Reimbursement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/09/2005	Payee name Linn, Eron Payee address; City; State; Zip Code 1442 Morrison Ct. Garland, TX 75040	Amount (\$) \$9.29
Purpose of payment (See instructions regarding type of information required.) Contract Labor:Travel Reimbursement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 11/25 Report: 48/62

2 FILER NAME Hittner, George (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000012

4 Date	5 Payee name Linn, Eron	7 Amount (\$)
11/14/2005	6 Payee address; City; State; Zip Code 1442 Morrison Ct. Garland, TX 75040	\$37.75

8 Purpose of payment (See instructions regarding type of information required.) Contract Labor:Travel Reimbursement	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
---	---

Date	Payee name Linn, Eron	Amount (\$)
11/14/2005	Payee address; City; State; Zip Code 1442 Morrison Ct. Garland, TX 75040	\$7.75

Purpose of payment (See instructions regarding type of information required.) Contract Labor:Travel Reimbursement	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
---	---

Date	Payee name Linn, Eron	Amount (\$)
11/28/2005	Payee address; City; State; Zip Code 1442 Morrison Ct. Garland, TX 75040	\$34.00

Purpose of payment (See instructions regarding type of information required.) Contract Labor:Travel Reimbursement	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
---	---

Date	Payee name Linn, Eron	Amount (\$)
11/28/2005	Payee address; City; State; Zip Code 1442 Morrison Ct. Garland, TX 75040	\$25.01

Purpose of payment (See instructions regarding type of information required.) Contract Labor:Travel Reimbursement	** 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 PAGE #

Schedule: 12/25 Report: 49/62

2 FILER NAME Hittner, George (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000012

4 Date 11/28/2005	5 Payee name Linn, Eron	7 Amount (\$) \$36.08
6 Payee address; City; State; Zip Code 1442 Morrison Ct. Garland, TX 75040		

8 Purpose of payment (See instructions regarding type of information required.) Contract Labor:Travel Reimbursement	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
---	---

Date 11/30/2005	Payee name Linn, Eron	Amount (\$) \$21.40
Payee address; City; State; Zip Code 1442 Morrison Ct. Garland, TX 75040		

Purpose of payment (See instructions regarding type of information required.) Contract Labor:Travel Reimbursement	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date 11/09/2005	Payee name Minuteman Press	Amount (\$) \$527.45
Payee address; City; State; Zip Code 50 Briar Hollow Ln. Ste. 180 West Houston, TX 77027		

Purpose of payment (See instructions regarding type of information required.) Fundraising Expense:Invitations	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date 11/28/2005	Payee name Minuteman Press	Amount (\$) \$2,224.67
Payee address; City; State; Zip Code 50 Briar Hollow Ln. Ste. 180 West Houston, TX 77027		

Purpose of payment (See instructions regarding type of information required.) Fundraising Expense:Invitations	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
--	--

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/25 Report: 50/62
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission files) 00000012
4 Date 11/28/2005	5 Payee name Minuteman Press 6 Payee address; City; State; Zip Code 50 Briar Hollow Ln. Ste. 180 West Houston, TX 77027	7 Amount (\$) \$1,025.73
8 Purpose of payment (See instructions regarding type of information required.) Fundraising Expense:Invitations		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/31/2005	Payee name MSN Payee address; City; State; Zip Code One Microsoft Way Redmond, WA 98052	Amount (\$) \$4.95
Purpose of payment (See instructions regarding type of information required.) Miscellaneous Communications:Internet		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/30/2005	Payee name Ninfa's Payee address; City; State; Zip Code 3601 Kirby Houston, TX 77098	Amount (\$) \$47.61
Purpose of payment (See instructions regarding type of information required.) Headquarters:Staff Appreciation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/28/2005	Payee name Office Depot Payee address; City; State; Zip Code 5134 Richmond Ave. Houston, TX 77059	Amount (\$) \$11.11
Purpose of payment (See instructions regarding type of information required.) Headquarters:Office Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 14/25 Report: 51/62

2 FILER NAME Hittner, George (Mr.)**3** ACCOUNT #

(Ethics Commission filers)

00000012

4 Date**5** Payee name
Party City**7** Amount
(\$)

10/31/2005

6 Payee address; City; State; Zip Code
9525A Westheimer Rd.
Houston, TX 77063

\$17.73

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

Headquarters:Office Supplies

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

Candidate / Officeholder name:

Office sought:
Office held:

Date

Payee name
Print MailersAmount
(\$)

11/29/2005

Payee address; City; State; Zip Code
707 West Rd.
Houston, TX 77038

\$1,210.00

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

Direct Mail:Voter Contact

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

Candidate / Officeholder name:

Office sought:
Office held:

Date

Payee name
Radio ShackAmount
(\$)

11/14/2005

Payee address; City; State; Zip Code
2415 Westheimer Rd.
Houston, TX 77098

\$97.36

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

Headquarters:Office Supplies

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

Candidate / Officeholder name:

Office sought:
Office held:

Date

Payee name
Rapid DeliveryAmount
(\$)

11/09/2005

Payee address; City; State; Zip Code
P.O. Box 571267
Houston, TX 77257

\$152.88

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

Administrative:Couriers

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

Candidate / Officeholder name:

Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 15/25 Report: 52/62

2 FILER NAME Hittner, George (Mr.)**3** ACCOUNT #

(Ethics Commission filers)

00000012

4 Date	5 Payee name Rapid Delivery	7 Amount (\$)
11/14/2005	6 Payee address; City; State; Zip Code P.O. Box 571267 Houston, TX 77257	\$24.69

8 Purpose of payment (See instructions regarding type of information required.) Administrative:Couriers	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Reliant Energy	Amount (\$)
11/14/2005	Payee address; City; State; Zip Code P.O. Box 650475 Dallas, TX 75265	\$137.84

Purpose of payment (See instructions regarding type of information required.) Headquarters:Utilities	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name SBC	Amount (\$)
11/14/2005	Payee address; City; State; Zip Code P.O. Box 650661 Dallas, TX 75265	\$230.94

Purpose of payment (See instructions regarding type of information required.) Headquarters:Utilities	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Smoothie King	Amount (\$)
11/17/2005	Payee address; City; State; Zip Code 5300 Richmond Ave. Houston, TX 77056	\$8.39

Purpose of payment (See instructions regarding type of information required.) Headquarters:Staff Appreciation	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
--	--

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 16/25 Report: 53/62

2 FILER NAME Hittner, George (Mr.)**3** ACCOUNT #

(Ethics Commission filers)

00000012

4 Date**5** Payee name
Sprint**7** Amount
(\$)

10/31/2005

6 Payee address; City; State; Zip Code
PO Box 219554
Kansas City, MO 64121

\$145.15

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

Contract Labor

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

Candidate / Officeholder name:

Office sought:
Office held:

Date

Payee name
SubwayAmount
(\$)

11/14/2005

Payee address; City; State; Zip Code
11096 Fondren
Houston, TX 77096

\$13.50

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

Headquarters:Staff Appreciation

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

Candidate / Officeholder name:

Office sought:
Office held:

Date

Payee name
SubwayAmount
(\$)

11/28/2005

Payee address; City; State; Zip Code
11096 Fondren
Houston, TX 77096

\$7.66

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

Headquarters:Staff Appreciation

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

Candidate / Officeholder name:

Office sought:
Office held:

Date

Payee name
SubwayAmount
(\$)

11/28/2005

Payee address; City; State; Zip Code
11096 Fondren
Houston, TX 77096

\$7.56

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

Headquarters:Staff Appreciation

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

Candidate / Officeholder name:

Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/25 Report: 54/62
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012
4 Date 10/31/2005	5 Payee name Target 6 Payee address; City; State; Zip Code 4323 San Felipe St. Houston, TX 77027	7 Amount (\$) \$1.61
8 Purpose of payment (See instructions regarding type of information required.) Headquarters:Office Supplies		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/31/2005	Payee name Target Payee address; City; State; Zip Code 4323 San Felipe St. Houston, TX 77027	Amount (\$) \$10.66
Purpose of payment (See instructions regarding type of information required.) Headquarters:Office Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/09/2005	Payee name Target Payee address; City; State; Zip Code 4323 San Felipe St. Houston, TX 77027	Amount (\$) \$6.50
Purpose of payment (See instructions regarding type of information required.) Headquarters:Office Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/31/2005	Payee name The Home Depot Payee address; City; State; Zip Code 5445 W. Loop S. Houston, TX 77081	Amount (\$) \$57.82
Purpose of payment (See instructions regarding type of information required.) Headquarters:Office Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1 PAGE #**
Schedule: 18/25 Report: 55/62**2 FILER NAME** Hittner, George (Mr.)**3 ACCOUNT #** (Ethics Commission filers)
00000012

4 Date 11/17/2005	5 Payee name The Home Depot	7 Amount (\$) \$117.20
6 Payee address; City; State; Zip Code 5445 W. Loop S. Houston, TX 77081		

8 Purpose of payment (See instructions regarding type of information required.)
Headquarters:Office Supplies**9 ** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name:Office sought:
Office held:

Date 10/31/2005	Payee name The Tavern on Gray	Amount (\$) \$46.56
Payee address; City; State; Zip Code 1340 W. Gray Houston, TX 77019		

Purpose of payment (See instructions regarding type of information required.)
Public Relations:Meals**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name:Office sought:
Office held:

Date 11/02/2005	Payee name Tribe Design	Amount (\$) \$866.00
Payee address; City; State; Zip Code 5555 Morningside Dr. Ste. 202 Houston, TX 77005		

Purpose of payment (See instructions regarding type of information required.)
Direct Mail:Voter Contact**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name:Office sought:
Office held:

Date 11/02/2005	Payee name Tribe Design	Amount (\$) \$2,219.13
Payee address; City; State; Zip Code 5555 Morningside Dr. Ste. 202 Houston, TX 77005		

Purpose of payment (See instructions regarding type of information required.)
Direct Mail:Voter Contact**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/25 Report: 56/62
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012
4 Date 11/02/2005	5 Payee name Tribe Design 6 Payee address; City; State; Zip Code 5555 Morningside Dr. Ste. 202 Houston, TX 77005	7 Amount (\$) \$2,219.13
8 Purpose of payment (See instructions regarding type of information required.) Direct Mail:Voter Contact		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/09/2005	Payee name Tribe Design Payee address; City; State; Zip Code 5555 Morningside Dr. Ste. 202 Houston, TX 77005	Amount (\$) \$1,082.50
Purpose of payment (See instructions regarding type of information required.) Direct Mail:Voter Contact		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/31/2005	Payee name U-Haul Payee address; City; State; Zip Code 6808 Bissonet Houston, TX 77074	Amount (\$) \$11.85
Purpose of payment (See instructions regarding type of information required.) Headquarters:Office Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/31/2005	Payee name U-Haul Payee address; City; State; Zip Code 6808 Bissonet Houston, TX 77074	Amount (\$) \$4.00
Purpose of payment (See instructions regarding type of information required.) Headquarters:Office Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 20/25 Report: 57/62

2 FILER NAME Hittner, George (Mr.)

3 ACCOUNT # (Ethics Commission file #)
00000012

4 Date 10/31/2005	5 Payee name US Postmaster 6 Payee address; City; State; Zip Code 2802 Timmons Ln. Houston, TX 77027	7 Amount (\$) \$1.52
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8 Purpose of payment (See instructions regarding type of information required.) Headquarters:Office Supplies	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date 10/31/2005	Payee name US Postmaster Payee address; City; State; Zip Code 2802 Timmons Ln. Houston, TX 77027	Amount (\$) \$0.83
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Purpose of payment (See instructions regarding type of information required.) Headquarters:Office Supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date 10/31/2005	Payee name US Postmaster Payee address; City; State; Zip Code 2802 Timmons Ln. Houston, TX 77027	Amount (\$) \$46.00
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Purpose of payment (See instructions regarding type of information required.) Headquarters:Office Supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date 10/31/2005	Payee name US Postmaster Payee address; City; State; Zip Code 2802 Timmons Ln. Houston, TX 77027	Amount (\$) \$2.44
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Purpose of payment (See instructions regarding type of information required.) Headquarters:Office Supplies	** 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 PAGE # Schedule: 21/25 Report: 58/62
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012
4 Date 10/31/2005	5 Payee name US Postmaster 6 Payee address; City; State; Zip Code 2802 Timmons Ln. Houston, TX 77027	7 Amount (\$) \$3.53
8 Purpose of payment (See instructions regarding type of information required.) Headquarters:Office Supplies		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/31/2005	Payee name US Postmaster Houston, TX 77002 Payee address; City; State; Zip Code	Amount (\$) \$3,845.40
Purpose of payment (See instructions regarding type of information required.) Direct Mail:Voter Contact		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/09/2005	Payee name US Postmaster Payee address; City; State; Zip Code 2802 Timmons Ln. Houston, TX 77027	Amount (\$) \$421.40
Purpose of payment (See instructions regarding type of information required.) Headquarters:Office Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 11/14/2005	Payee name US Postmaster Payee address; City; State; Zip Code 2802 Timmons Ln. Houston, TX 77027	Amount (\$) \$110.00
Purpose of payment (See instructions regarding type of information required.) Headquarters:Office Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 22/25 Report: 59/62

2 FILER NAME Hittner, George (Mr.)**3 ACCOUNT #**

(Ethics Commission filer's)

00000012

4 Date 11/17/2005	5 Payee name US Postmaster	7 Amount (\$) \$7.40
6 Payee address; City; State; Zip Code 2802 Timmons Ln. Houston, TX 77027		

8 Purpose of payment (See instructions regarding type of information required.) Headquarters:Office Supplies	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date 11/17/2005	Payee name US Postmaster	Amount (\$) \$259.00
Payee address; City; State; Zip Code 2802 Timmons Ln. Houston, TX 77027		

Purpose of payment (See instructions regarding type of information required.) Headquarters:Office Supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date 11/17/2005	Payee name US Postmaster	Amount (\$) \$185.00
Payee address; City; State; Zip Code 2802 Timmons Ln. Houston, TX 77027		

Purpose of payment (See instructions regarding type of information required.) Headquarters:Office Supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date 11/21/2005	Payee name US Postmaster Houston, TX 77002	Amount (\$) \$1,320.60
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) Direct Mail:Voter Contact	** 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 PAGE #

Schedule: 23/25 Report: 60/62

2 FILER NAME Hittner, George (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000012

4 Date

11/22/2005

5 Payee nameUS Postmaster
Houston, TX 77002**6** Payee address; City; State; Zip Code**7** Amount
(\$)

\$3,606.11

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

Direct Mail:Voter Contact

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

Candidate / Officeholder name:

Office sought:
Office held:

Date

11/23/2005

Payee name
US Postmaster
Houston, TX 77002

Payee address; City; State; Zip Code

Amount
(\$)

\$429.16

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

Direct Mail:Voter Contact

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

Candidate / Officeholder name:

Office sought:
Office held:

Date

11/30/2005

Payee name
US PostmasterPayee address; City; State; Zip Code
2802 Timmons Ln.
Houston, TX 77027Amount
(\$)

\$629.00

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

Headquarters:Office Supplies

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

Candidate / Officeholder name:

Office sought:
Office held:

Date

11/17/2005

Payee name
Voice MarketingPayee address; City; State; Zip Code
575 Anton Blvd.
Ste. 470
Costa mesa, CA 92626Amount
(\$)

\$990.00

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:

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 24/25 Report: 61/62**2** FILER NAME Hittner, George (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000012

4 Date	5 Payee name	7 Amount (\$)
11/28/2005	5 Payee name Voter Advantage <hr/> 6 Payee address; City; State; Zip Code 5109 Lido Ln. Houston, TX 77092	\$243.73

8 Purpose of payment (See instructions regarding type of information required.) Direct Mail:Voter Contact	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
11/28/2005	WC Management <hr/> Payee address; City; State; Zip Code 3522 White Oak Dr. Houston, TX 77007	\$1,047.63

Purpose of payment (See instructions regarding type of information required.) Fundraising Expense:Invitations	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
11/09/2005	Western Lithograph <hr/> Payee address; City; State; Zip Code 4335 Directors Row Houston, TX 77092	\$1,857.57

Purpose of payment (See instructions regarding type of information required.) Direct Mail:Voter Contact	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
11/09/2005	Western Lithograph <hr/> Payee address; City; State; Zip Code 4335 Directors Row Houston, TX 77092	\$4,074.26

Purpose of payment (See instructions regarding type of information required.) Direct Mail:Voter Contact	** 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** PAGE #

Schedule: 25/25 Report: 62/62

2 FILER NAME Hittner, George (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000012

4 Date

11/09/2005

5 Payee name
Western Lithograph**6** Payee address; City; State; Zip Code
4335 Directors Row
Houston, TX 77092**7** Amount
(\$)

\$3,279.98

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

Direct Mail:Voter Contact

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

Candidate / Officeholder name:

Office sought:
Office held:

Date

11/09/2005

Payee name
Western LithographPayee address; City; State; Zip Code
4335 Directors Row
Houston, TX 77092Amount
(\$)

\$3,833.95

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

Direct Mail:Voter Contact

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

Candidate / Officeholder name:

Office sought:
Office held:

Date

11/14/2005

Payee name
Western LithographPayee address; City; State; Zip Code
4335 Directors Row
Houston, TX 77092Amount
(\$)

\$4,795.48

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

Direct Mail:Voter Contact

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

Candidate / Officeholder name:

Office sought:
Office held: