

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
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	2,973.02
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CONTRIBUTION BALANCE

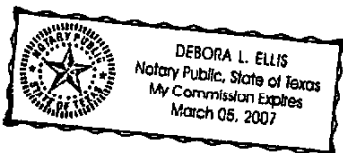
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,918.08
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OUTSTANDING LOAN TOTALS

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



AFFIX NOTARY STAMP / SEAL ABOVE

George Hittner
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said George Hittner, this the 18th day of January, 2007, to certify which, witness my hand and seal of office.

Debora L. Ellis
Signature of officer administering oath

Debora L. Ellis
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 1/4 Report: 3/6	
2 FILER NAME Hittner, George (Mr.)			3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date 07/28/2006	5 Payee name Armadillo Palace 6 Payee address; City; State; Zip Code 5015 Kirby Dr Houston, TX 77098		7 Amount (\$) \$100.00	
8 Purpose of payment (See instructions regarding type of information required.) Public Relations: Sponsorship <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)				
11 Departure city / location		12 Departure date	13 Destination city / location	
14 Arrival date		15 Means of transportation		
16 Purpose of travel				
4 Date 08/22/2006	5 Payee name Blakemore & Associates 6 Payee address; City; State; Zip Code 3405 Edloe Suite 380 Houston, TX 77027		7 Amount (\$) \$9.54	
8 Purpose of payment (See instructions regarding type of information required.) Administrative: Courier & Delivery <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)				
11 Departure city / location		12 Departure date	13 Destination city / location	
14 Arrival date		15 Means of transportation		
16 Purpose of travel				

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/4 Report: 4/6	
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date 07/28/2006	5 Payee name Clark, Trey 6 Payee address; City; State; Zip Code 559 Sue Barnett Houston, TX 77089	7 Amount (\$) \$600.00	
8 Purpose of payment (See instructions regarding type of information required.) Public Relations: Sponsorship <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date 11/14/2006	5 Payee name Clark, Trey 6 Payee address; City; State; Zip Code 559 Sue Barnett Houston, TX 77089	7 Amount (\$) \$200.00	
8 Purpose of payment (See instructions regarding type of information required.) Public Relations: Sponsorship <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/4 Report: 5/6**2** FILER NAME Hittner, George (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000012**4** Date

11/04/2006**5** Payee name
Green, Lisa**7** Amount
(\$)

\$100.00

6 Payee address; City; State; Zip Code
14422 Silversmine Dr
Houston, TX 77014**8** Purpose of payment
(See instructions regarding type of information required.)
Public Relations: Sponsorship**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

 Payment for travel outside Texas (complete boxes 10-16)**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

12/01/2006**5** Payee name
Houston Photo Imaging**7** Amount
(\$)

\$1,763.48

6 Payee address; City; State; Zip Code
2621 S Shepherd Suite 140
Houston, TX 77098**8** Purpose of payment
(See instructions regarding type of information required.)
Photography**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

 Payment for travel outside Texas (complete boxes 10-16)**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/4 Report: 6/6

2 FILER NAME Hittner, George (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000012

4 Date	5 Payee name Mathews, Rahcel	7 Amount (\$)
11/04/2006	6 Payee address; City; State; Zip Code 6832 Heron Houston, TX 77087	\$100.00

8 Purpose of payment (See instructions regarding type of information required.) Public Relations: Sponsorship	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
<input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	Office sought: Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation	16 Purpose of travel		

4 Date	5 Payee name Michael Wolfe Campaign	7 Amount (\$)
07/20/2006	6 Payee address; City; State; Zip Code P O Box 550013 Houston, TX 77255	\$100.00

8 Purpose of payment (See instructions regarding type of information required.) Public Relations: Sponsorship	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
<input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	Office sought: Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation	16 Purpose of travel		

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

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

Error Level Key

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

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

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

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

Results Summary

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

The following errors were encountered during the validation:

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

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



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

REF: George Hitner Report



Delivery Address Bar Code

SHIP TO: (713)247-1840

Anna Russell
Houston City Secretary
900 Bagby P-101

Houston, TX 77002

BILL SENDER

PRIORITY OVERNIGHT

MON

Deliver By:
15JAN07

TRK# 7990 6805 2259

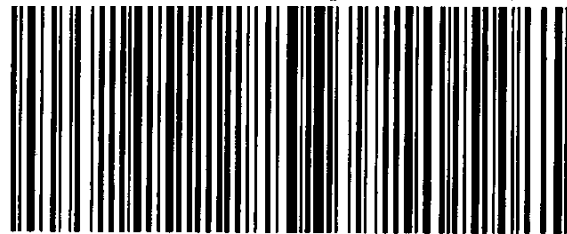
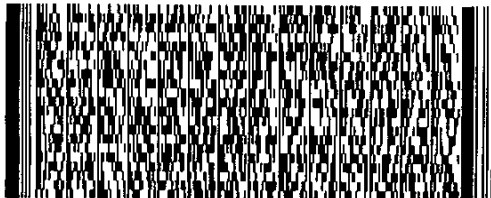
FORM
0201

IAH

A1

77002 -TX-US

43 EIXA



Shipping Label: Your shipment is complete

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

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

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