

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>								
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS <input checked="" type="checkbox"/> MP      FIRST      MI <div style="text-align: center; font-size: 1.2em;">Derek      S.</div> <hr style="border: 0; border-top: 1px dotted black;"/> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.2em;">Townsend      Sr.</div>	<b>OFFICE USE ONLY</b> Date Received  Date Hand-delivered or Date Postmarked  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed		Date Imaged			
Receipt #	Amount										
Date Processed											
Date Imaged											
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <div style="font-size: 1.2em;">30618 Wm. Juergens Dr. Tomball, Tx 77375</div>										
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <div style="font-size: 1.2em;">(281)      357-1561</div>										
<b>6 CAMPAIGN TREASURER NAME</b>	MS/ MRS/ MR      FIRST      MI <div style="text-align: center; font-size: 1.2em;">Lisa      S.</div> <hr style="border: 0; border-top: 1px dotted black;"/> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.2em;">Townsend</div>	Receipt #      Amount  Date Processed  Date Imaged									
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <div style="font-size: 1.2em;">30618 Wm. Juergens Dr. Tomball, Tx. 77375</div>										
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <div style="font-size: 1.2em;">(281)      357-1561</div>										
<b>9 REPORT TYPE</b>	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input 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)
<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input 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)								
<b>10 PERIOD COVERED</b>	Month    Day    Year      THROUGH      Month    Day    Year <div style="font-size: 1.2em;">1 / 16 / 09      3 / 31 / 09</div>										
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year <div style="font-size: 1.2em;">5 / 09 / 09</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <div style="font-size: 1.2em;">City Council Position 4</div>									
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	** 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. **  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**

15 C/OH NAME Derek S. Townsend Sr. 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

This box is for notice of political contributions accepted or political expenditures made 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. \*\*

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>348.01</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1700.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>-</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1524.75</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>375.25</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2043.85</u>

19 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.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Derek Townsend, this the 9th day of April, 2009, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Doris J. Speer  
Printed name of officer administering oath

City Secretary  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>Derek S. Townsend Sr.</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3-01-09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William E. Sumner Jr.</b>	7 Amount of contribution (\$) <b>\$ 500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>11726 Holderrieth Rd. Tomball, Tx. 77375</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Entrepreneur</b>		10 Employer (See Instructions)	
Date <b>3-10-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Mayes</b>	Amount of contribution (\$) <b>\$ 100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1415 Bugle Run Katy, Tx. 77448</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Constable Precinct 4 Harris Co</b>		Employer (See Instructions)	
Date <b>3-24-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William E. Sumner III</b>	Amount of contribution (\$) <b>\$ 100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>13303 Lost Creek Rd. Tomball, Tx.</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Entrepreneur</b>		Employer (See Instructions)	
Date <b>3-24-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Fred and Lois Schroeder</b>	Amount of contribution (\$) <b>\$ 100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>31331 Bearing Star Ln. Tomball, Tx. 77375</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Engineer</b>		Employer (See Instructions)	
Date <b>3-27-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Allan and Sue Cox</b>	Amount of contribution (\$) <b>\$ 100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>10 Champions Court Tr. Houston, Tx. 77069</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Contractor / Owner</b>		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>Derek S. Townsend Sr.</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3-29-09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dena Chambers</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>12120 Zion Rd. Tomball, Tx, 77375</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3-29-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Phillip and Tracy Sandoz</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>30630 Wm. Juergens Dr. Tomball, Tx. 77375</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3-31-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Neil and Dorothy Breaux</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1502 Rudolph Rd. Tomball, Tx. 77375</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Entrepreneur</b>		Employer (See Instructions)	
Date <b>3-28-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jack and Mattie Ripley</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>14134 Castor St. Tomball, Tx. 77375</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Entrepreneur</b>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME <i>Derek S. Townsend Sr.</i>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:   ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
<b>5</b> Date of loan <i>3/10/09</i>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Derek S. Townsend Sr.</i>	<b>9</b> Loan Amount (\$) <i>\$451.40</i>
<b>6</b> Is lender a financial Institution? Y <input checked="" type="radio"/> N	<b>8</b> Lender address; City; State; Zip Code <i>30618 Wm. Juergens Dr. Tomball, Tx. 77375</i>	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions) <i>manager/central US Regional Manager</i>		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		
<b>15</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	<b>16</b> Name of guarantor	<b>18</b> Amount Guaranteed (\$)
<b>17</b> Guarantor address; City; State; Zip Code		
<b>19</b> Principal Occupation		<b>20</b> Employer
Date of loan <i>3/12/09</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Derek S. Townsend Sr.</i>	Loan Amount (\$) <i>\$400.00</i>
Is lender a financial Institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) <i>manager/central US Regional Manager</i>		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code		
Principal Occupation		Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <b>Derek S. Townsend Sr.</b>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
5 Date of loan <b>3/24/09</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Derek S. Townsend Sr.</b>	9 Loan Amount (\$) <b>\$121.87</b>
6 Is lender a financial Institution? <b>Y</b> <input checked="" type="radio"/> (N)	8 Lender address;    City;    State;    Zip Code <b>30618 Wm. Juergens Dr. Tomball, Tx. 77375</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Manager / Central US Regional Manager</b>		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	16 Name of guarantor  17 Guarantor address;    City;    State;    Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan <b>3/25/09</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Derek S. Townsend Sr.</b>	Loan Amount (\$) <b>\$38.11</b>
Is lender a financial Institution? <b>Y</b> <input checked="" type="radio"/> (N)	Lender address;    City;    State;    Zip Code <b>30618 Wm. Juergens Dr. Tomball, Tx. 77375</b>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) <b>Manager / Central US Regional Manager</b>		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor  Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME <b>Derek S. Townsend Sr.</b>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨			\$
5 Date of loan <b>3-25-09</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Derek S. Townsend Sr.</b>	9 Loan Amount (\$) <b>\$1,000.00</b>	
6 Is lender a financial Institution? <b>Y</b> <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <b>30618 Wm. Juergens Dr. Tomball, TX 77375</b>	10 interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) <b>Manager/Central US Regional Manager</b>		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none			
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor		18 Amount Guaranteed (\$)
	17 Guarantor address; City; State; Zip Code		
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)	
Is lender a financial Institution? <b>Y</b> <b>N</b>	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal Occupation		Employer	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <b>Derek S. Townsend Sr.</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>3/20/09</b>	5 Payee name <b>Momentum Printing</b>	7 Amount (\$) <b>\$ 375.38</b>
6 Payee address; City; State; Zip Code <b>15018 Mintz Lane Houston, Tx. 77014</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Campaign Literature</b> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held	
Date <b>3/24/09</b>	Payee name <b>Momentum Printing</b>	Amount (\$) <b>\$ 375.38</b>
Payee address; City; State; Zip Code <b>15018 Mintz Lane Houston, Tx. 77014</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Campaign Literature</b> <small>(If travel outside of Texas, complete Schedule T)</small>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held	
Date <b>3-26-09</b>	Payee name <b>Signtex</b>	Amount (\$) <b>\$773.99</b>
Payee address; City; State; Zip Code <b>1225 Alma, Ste. C Tomball, Tx 77375</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Stakes and Political Signs</b> <small>(If travel outside of Texas, complete Schedule T)</small>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held	
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held	
<small>(If travel outside of Texas, complete Schedule T)</small>		

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**