

# 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</b> ACCOUNT # (Ethics Commission filers)	<b>2</b> Total pages filed:
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR FIRST MI Derek S. NICKNAME LAST SUFFIX TOWNSEND Sr.	<b>OFFICE USE ONLY</b>  Date Received   Date Hand-delivered or Date Postmarked   Receipt # Amount  Date Processed  Date Imaged	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 30618 Wm. Juergens Dr. Tomball, TX 77375		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 357-1561		
<b>6</b> CAMPAIGN TREASURER NAME	MS <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MR FIRST MI Lisa S. NICKNAME LAST SUFFIX Townsend		
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 30618 Wm. Juergens Dr. Tomball, TX 77375		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 357-1561		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 4 / 01 / 09             4 / 30 / 09		
<b>11</b> ELECTION	ELECTION DATE Month Day Year 5 / 9 / 09	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known) Council Position 4	
<b>14</b> NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <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		
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

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

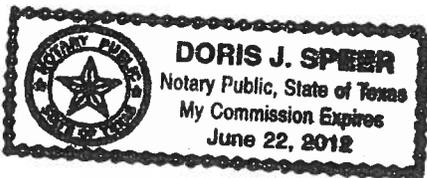
**17 NOTICE FROM POLITICAL COMMITTEE(S)**

\*\* 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. \*\*

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 190.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2810.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3829.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2043.85

**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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Derek Townsend, this the 1st day of May, 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 **Derek Townsend Sr.**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**4/01**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Roy Lackey Sr.**

7 Amount of contribution (\$) **\$100.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**31530 Capella Cir. Tomball TX 77375**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
**General Mgmt President**

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

**4/03**

**David Martin**  
Contributor address; City; State; Zip Code  
**13319 Spring Hollow Dr. Tomball TX 77375**

**\$200.00**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**Business Owner**

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

**4/03**

**Rodney Hutson, M.D.**  
Contributor address; City; State; Zip Code  
**9431 Rodie Ln. Suite 600 Magnolia, TX 77354**

**\$500.00**

(If travel outside of Texas, complete Schedule T)

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

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

**4/07**

**E. P. Descant, M.D.**  
Contributor address; City; State; Zip Code  
**909 Graham Dr. Ste. D Tomball, TX 77375**

**\$100.00**

(If travel outside of Texas, complete Schedule T)

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

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

**4/07**

**James D. Geer, D.D.S.**  
Contributor address; City; State; Zip Code  
**13315 Evergreen Dr. Tomball TX 77375**

**\$100.00**

(If travel outside of Texas, complete Schedule T)

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

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 Townsend Sr</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/11</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Craig &amp; Lorna Honey</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>30831 Country Meadows Dr. Tomball, TX 77375</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Surveying Eng.</b>		10 Employer (See Instructions)	
Date <b>4/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brent Lapsley</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1419 Green Tree Tomball, TX. 77375</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Business Owner / Eng.</b>		Employer (See Instructions)	
Date <b>4/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>La Donna Berkheimer-Luback</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>835 Baker Dr. Tomball, TX. 77375</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Accountant</b>		Employer (See Instructions)	
Date <b>4/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Renea Luckey</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3150 Capella Cir. Tomball, TX 77375</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Travis Whitaker</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>404 Baker Dr. Tomball, TX. 77375</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Derek Townsend Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/20

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

Lisa Townsend

6 Contributor address; City; State; Zip Code

30618 Wm. Juergens Dr.  
Tomball, TX 77375

7 Amount of contribution (\$)

\$52.00

8 In-kind contribution description (if applicable)

Ice Cream and Spoons

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Business Owner

10 Employer (See Instructions)

Date

4/28

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

David Martin

Contributor address; City; State; Zip Code

13319 Spring Hollow Tomball TX  
77375

Amount of contribution (\$)

\$77.66

In-kind contribution description (if applicable)

letter

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Date

4/28

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

Michael Gattin

Contributor address; City; State; Zip Code

3409 Capella Cir. Tomball, TX  
77375

Amount of contribution (\$)

\$77.66

In-kind contribution description (if applicable)

Letter

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

4/14

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

Agency Signs

Contributor address; City; State; Zip Code

314 Commerce St. Tomball, TX  
77375

Amount of contribution (\$)

\$525.00

In-kind contribution description (if applicable)

Signs

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30

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

David Autry

Contributor address; City; State; Zip Code

30514 Tomball PKWY  
Tomball, TX. 77375

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Entrepreneur

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Derek Townsend Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/28

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

William Sumner Jr.

6 Contributor address; City; State; Zip Code

12321 Zion Rd,  
Tomball, TX, 77375

7 Amount of contribution (\$)

\$ 77.68

8 In-kind contribution description (if applicable)

letter

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

retired business owner

10 Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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**

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <b>Derrek Townsend Sr.</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>4/8</b>	5 Payee name <b>Agency Signs Inc.</b> 6 Payee address; City; State; Zip Code <b>314 Commerce St. Tomball, TX, 77375</b>	7 Amount (\$) <b>\$755.04</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>signs and stakes</b> (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>4/17</b>	Payee name <b>Momentum Printing</b> Payee address; City; State; Zip Code <b>15018 Mintz Lane Houston, TX. 77375</b>	Amount (\$) <b>\$187.69</b>
Purpose of payment (See instructions regarding type of information required.) <b>push card</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>4/17</b>	Payee name <b>Sams Club</b> Payee address; City; State; Zip Code <b>7950 FM 1960 Houston TX 77070</b>	Amount (\$) <b>\$109.31</b>
Purpose of payment (See instructions regarding type of information required.) <b>water (bottled) post cards, labels, etc. campaign supplies</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>4/22</b>	Payee name <b>Neumann</b> Payee address; City; State; Zip Code <b>1002 Pauline Avenue Bellaire, TX. 77409</b>	Amount (\$) <b>\$1484.70</b>
Purpose of payment (See instructions regarding type of information required.) <b>campaign mailer card</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

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

