

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

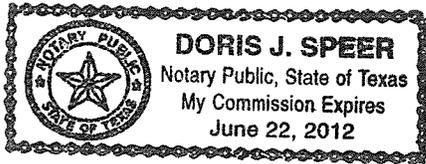
1 ACCOUNT #		2 Total pages filed: <u>16</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		Date Received			
MS / MRS / MR <u>Mr</u>		FIRST <u>Derek S.</u>	MI	Date Hand-delivered or Date Postmarked	
NICKNAME		LAST <u>Townsend Sr.</u>	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Amount	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Legal	
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Totals	
5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	Date Processed	
	<u>4/01/08</u>		<u>4/30/08</u>	Date Imaged	

6 EXPLANATION OF CORRECTION

The original report was filed in good faith & in accordance with the Campaign Finance Instructions Guide (Form C/OH). During a recent phone inquiry with TEC legal dept., it was discovered that expenditures from personal funds when reported as Loans on Schedule E are, also, to be reported as Political Expenditures on Schedule F. Previously these expenditures reported as loans, were not disclosed on Schedule F. The original report was prepared referencing provided Candidate Packet and Campaign Finance Instructions Guide Form C/OH, Schedule E-Loans TEC pg 15 and Schedule F-Political Expenditures pg 18, Revised 12/20/07. The instructions for Schedule E-Loans does not address how to report expenses. The instructions for Schedule F-Political Expenditures states, "Do not enter on this schedule political expenditures made from personal funds. (Report such expenditures on either Schedule G or Schedule E.)" Desiring to be in compliance with the verbal instruction of TEC legal dept., this correction reflects the added Political Expenditures on Schedule F, previously reported on Schedule E only. The Expenditure Total reflects the change. Also, the loan total has been decreased as the result of calculating errors in the amount of two of the loans and the inclusion of a fuel receipt.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.



Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

[Signature]
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Derek Townsend this the 4th day of August.

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

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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)

additional pages

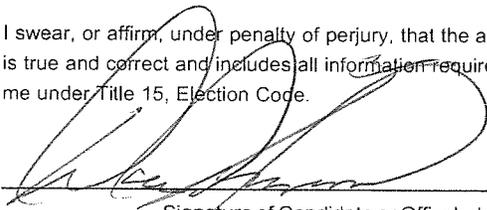
** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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	\$ 70.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3025.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 20.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5686.30
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	\$ 4922.99

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Derek S. Townsend Sr.

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

\$

5 Date of loan

4-02-08

7 Name of lender

Derek S. Townsend Sr.

out-of-state PAC ID#

9 Loan Amount (\$)

\$133.05

6 Is lender a financial institution?

Y

(N)

8 Lender address: City: State: Zip Code

30618 Wm. Juergens Dr
Tomball TX. 77375

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

US Central Regional Mgr

13 Employer (See Instructions)

Control Technologies Inc

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address: City: State: Zip Code

19 Principal Occupation

n/a

20 Employer

Date of loan

4-03-08

Name of lender

Derek S. Townsend Sr.

out-of-state PAC ID#

Loan Amount (\$)

\$44.86

Is lender a financial institution?

Y

(N)

Lender address: City: State: Zip Code

30618 Wm. Juergens Dr.
Tomball, TX. 77375

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

US Central Regional Mgr

Employer (See Instructions)

Control Technologies Inc

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address: City: State: Zip Code

Principal Occupation

n/a

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 7
2 FILER NAME Derek S. Townsend		3 ACCOUNT # (Ethics Commission files)
4 TOTAL OF UNITEMIZED LOANS \$		
5 Date of loan 4-03-08	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#) Derek S. Townsend	9 Loan Amount (\$) 151.50
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address, City State Zip Code 30618 Wm. Jurgens Dr. Tomball, Tx. 77375	10 Interest rate -0-
		11 Maturity date Open
12 Principal occupation / Job title (See Instructions) U.S. Central Regional Mgr.		13 Employer (See Instructions) Control Technologies
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor N/A	18 Amount Guaranteed (\$)
17 Guarantor address, City State Zip Code		
19 Principal Occupation	20 Employer	
Date of loan 4-13-08	Name of lender <input type="checkbox"/> out-of-state PAC (ID#) Derek S. Townsend	Loan Amount (\$) 116.16
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address, City State Zip Code 30618 Wm. Jurgens Dr. Tomball, Tx. 77375	Interest rate -0-
		Maturity date Open
Principal occupation / Job title (See Instructions) U.S. Central Regional Mgr.		Employer (See Instructions) Control Technologies
Description of Collateral <input checked="" type="checkbox"/> none		
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor N/A	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

Derek S. Townsend Sr.

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

\$

5 Date of loan

4-14-08

7 Name of lender

Derek S. Townsend Sr.

out-of-state PAC (ID#)

9 Loan Amount (\$)

\$90.90

6 Is lender a financial institution?

Y

8 Lender address: City: State: Zip Code

30618 Wm. Juergens Dr.
Tomball TX 77375

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

US Central Regional Mgr.

13 Employer (See Instructions)

Control Technologies Inc.

14 Description of Collateral

none

15 GUARANTOR INFORMATION

not applicable

16 Name of guarantor

N/A

18 Amount Guaranteed (\$)

17 Guarantor address: City: State: Zip Code

19 Principal Occupation

20 Employer

Date of loan

4-15-08

Name of lender

Derek S. Townsend Sr.

out-of-state PAC (ID#)

Loan Amount (\$)

\$51.92

Is lender a financial institution?

Y

Lender address: City: State: Zip Code

30618 Wm. Juergens Dr.
Tomball, TX. 77375

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

US Central Regional Mgr.

Employer (See Instructions)

Control Technologies

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

N/A

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

Derek S. Townsend Sr.

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan

4-15-08

7 Name of lender

Derek S. Townsend Sr.

out-of-state PAC (ID#)

9 Loan Amount (\$)

\$ - 16.23

6 Is lender a financial institution?

Y

N

8 Lender address: City: State: Zip Code

30618 Wm. Juergens Dr.
Tomball, Tx. 77375

10 Interest rate

- 0 -

11 Maturity date

open

12 Principal occupation / Job title (See Instructions)

US Central Regional Mgr.

13 Employer (See Instructions)

Control Technologies Inc.

14 Description of Collateral

none

15 GUARANTOR INFORMATION

not applicable

16 Name of guarantor

N/A

18 Amount Guaranteed (\$)

17 Guarantor address: City: State: Zip Code

19 Principal Occupation

20 Employer

Date of loan

4-27-08

Name of lender

Derek S. Townsend Sr.

out-of-state PAC (ID#)

Loan Amount (\$)

\$ 75.47

Is lender a financial institution?

Y

N

Lender address: City: State: Zip Code

30618 Wm. Juergens Dr.
Tomball, Tx. 77375

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

U.S. Central Regional Mgr.

Employer (See Instructions)

Control Technologies Inc.

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

N/A

Amount Guaranteed (\$)

Guarantor address: City: State: Zip Code

Principal Occupation

U.S. Central Regional Mgr.

Employer

Control Technologies Inc.

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

Derek S. Townsend Sr.

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

\$

5 Date of loan

4-28-08

7 Name of lender

Derek S. Townsend Sr.

out-of-state PAC (ID#)

9 Loan Amount (\$)

\$108.25

6 Is lender a financial institution?

Y

N

8 Lender address: City: State: Zip Code

30618 Wm. Juergens Dr.
Tomball, TX. 77375

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

U.S. Central Regional Mgr.

13 Employer (See Instructions)

Control Technologies Inc.

14 Description of Collateral

none

15 GUARANTOR INFORMATION

not applicable

16 Name of guarantor

N/A

18 Amount Guaranteed (\$)

17 Guarantor address: City: State: Zip Code

19 Principal Occupation

N/A

20 Employer

Date of loan

4-26-08

Name of lender

Derek S. Townsend

out-of-state PAC (ID#)

Loan Amount (\$)

\$54.20

Is lender a financial institution?

Y

N

Lender address: City: State: Zip Code

30618 Wm. Juergens Dr.
Tomball, TX. 77375

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

US Central Regional Mgr.

Employer (See Instructions)

Control Technologies, Inc

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

N/A

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

Derek S. Townsend Sr.

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

\$

5 Date of loan

4-01-08

7 Name of lender

Derek S. Townsend

out-of-state PAC (ID#)

9 Loan Amount (\$)

\$ 3,000.00

6 Is lender a financial institution?

Y

N

8 Lender address; City: State: Zip Code

30618 Wm. Juergens Dr.
Tomball, TX. 77375

10 Interest rate

-0-

11 Maturity date

Open

12 Principal occupation / Job title (See Instructions)

US Central Regional Mgr

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

not applicable

16 Name of guarantor

N/A

18 Amount Guaranteed (\$)

17 Guarantor address; City: State: Zip Code

19 Principal Occupation

20 Employer

Date of loan

4-24-08

Name of lender

Derek S. Townsend

out-of-state PAC (ID#)

Loan Amount (\$)

\$ 70.32

Is lender a financial institution?

Y

N

Lender address; City: State: Zip Code

30618 Wm. Juergens Dr.
Tomball, TX. 77375

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

US Central Regional Mgr

Employer (See Instructions)

Control Technologies Inc.

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

N/A

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
Derek S. Townsend Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date
4-02-08

5 Payee name
Office Depot

7 Amount (\$)
\$ 133.05

6 Payee address; City; State; Zip Code
14424 FM 2920 Tomball, TX 77377

8 Purpose of payment (See instructions regarding type of information required.)
post cards
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
4-03-08

Payee name
Sem's Club

Amount (\$)
\$ 44.06

Payee address; City; State; Zip Code
7950 W. FM 1960 Houston, TX. 77070

Purpose of payment (See instructions regarding type of information required.)
campaign supplies
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
4-03-08

Payee name
office Depot

Amount (\$)
\$ 151.50

Payee address; City; State; Zip Code
17711 Tomball Pkwy Tomball, TX. 77064

Purpose of payment (See instructions regarding type of information required.)
campaign materials
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
4-7-08

Payee name
Office Depot

Amount (\$)
\$ 116.16

Payee address; City; State; Zip Code
14424 FM 2920 Tomball, TX. 77377

Purpose of payment (See instructions regarding type of information required.)
campaign materials
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME *Derek S. Townsend Sr.*

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>4-14-08</i>	5 Payee name <i>Office Depot</i>	7 Amount (\$) <i>\$ 90.90</i>
6 Payee address: City: State: Zip Code <i>14424 FM 2920 Tomball, TX 77377</i>		

8 Purpose of payment (See instructions regarding type of information required.)
campaign brochure materials
(If travel outside of Texas, complete Schedule T)

9 **** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date <i>4-15-08</i>	Payee name <i>King Dollar</i>	Amount (\$) <i>\$ 51.92</i>
Payee address: City: State: Zip Code <i>27730 Tomball Pkwy Tomball, TX 77375</i>		

Purpose of payment (See instructions regarding type of information required.)
Campaign supplies
(If travel outside of Texas, complete Schedule T)

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date <i>4-18-08</i>	Payee name <i>office Depot</i>	Amount (\$) <i>\$ - 16.23</i>
Payee address: City: State: Zip Code <i>14424 FM 2920 Tomball, TX 77375</i>		

Purpose of payment (See instructions regarding type of information required.)
return campaign supplies
(If travel outside of Texas, complete Schedule T)

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date <i>4-26-08</i>	Payee name <i>Blueberry Patch</i>	Amount (\$) <i>\$ 54.20</i>
Payee address: City: State: Zip Code <i>23227 Snook Ln. Tomball, TX 77375</i>		

Purpose of payment (See instructions regarding type of information required.)
campaign meeting
(If travel outside of Texas, complete Schedule T)

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME Derek S. Townsend Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date 4-27-08

5 Payee name Pizza Hut

7 Amount (\$) \$75.47

6 Payee address: City; State; Zip Code 1211 W. Main Tomball, TX 77375

8 Purpose of payment (See instructions regarding type of information required.) Campaign worker lunch (If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

Date 4-28-08

Payee name Agency Signs

Amount (\$) \$108.25

Payee address: City; State; Zip Code 314 Commerce Tomball, TX 77375

Purpose of payment (See instructions regarding type of information required.) Campaign Banner (If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

Date 4-24-08

Payee name Office Depot

Amount (\$) \$70.32

Payee address: City; State; Zip Code 14424 FM 2920 Tomball, TX 77375

Purpose of payment (See instructions regarding type of information required.) materials for magnetic signs & paper (If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH .. 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.) (If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME Derek S. Townsend Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date 4-03-08	5 Payee name USPS	7 Amount (\$) \$2173.00
6 Payee address: City: State: Zip Code Tomball, TX 77375		

8 Purpose of payment (See instructions regarding type of information required.) postage (If travel outside of Texas, complete Schedule T)	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
---	---

Date 4-11-08	Payee name Agency Signs	Amount (\$) \$284.00
Payee address: City: State: Zip Code 314 Commerce Tomball TX 77375		

Purpose of payment (See instructions regarding type of information required.) Signs (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
---	---

Date 4-15-08	Payee name Admirations	Amount (\$) \$26.16
Payee address: City: State: Zip Code 4615 Northridge Trace		

Purpose of payment (See instructions regarding type of information required.) balance on t-shirts (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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Date 4-17-08	Payee name HCN (hotpourr)	Amount (\$) \$415.38
Payee address: City: State: Zip Code 525 Village Square Dr. Tomball TX 77375		

Purpose of payment (See instructions regarding type of information required.) Ad (4-23-08) (If travel outside of Texas, complete Schedule T)	.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Derek S. Townsend Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4-18-08

Sign tex

6 Payee address: City: State: Zip Code

1225 Alma Tomball TX 77375

\$ 292.28

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

Signs

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-18-08

Barbara Tague

Payee address: City: State: Zip Code

503 Inwood Tomball, Tx. 77375

\$ 40.88

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

campaign refreshments

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-18-08

Agency Signs

Payee address: City: State: Zip Code

314 Commerce Tomball, Tx. 77375

\$ 357.23

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

magnetic signs

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-18-08

Office Depot

Payee address: City: State: Zip Code

17711 Tomball PKwy Tomball, Tx. 77375

\$ - 81.74
(not sure of proper place)

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

return of brochure materials

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Derek S. Townsend Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-19-08

5 Payee name

Office Depot

7 Amount (\$)

\$ 12.98

6 Payee address: City: State: Zip Code

14424 FM 2920
Tomball, TX. 77375

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

Labels

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

4-19-08

Payee name

Office Depot

Amount (\$)

\$ 518.51

Payee address: City: State: Zip Code

14424 FM 2920
Tomball TX 77375

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

printer ink

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

4-21-08

Payee name

Agency Signs

Amount (\$)

\$ 272.64

Payee address: City: State: Zip Code

314 Commerce
Tomball, TX. 77375

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

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

4-24-08

Payee name

HCV (Potpourri)

Amount (\$)

\$ 415.38

Payee address: City: State: Zip Code

825 Village Square Dr.
Tomball, TX. 77375

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

Ad - 4-30-08

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Derek S. Townsend Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-09-08

5 Payee name

Bank of America

7 Amount (\$)

\$60.00

6 Payee address; City; State; Zip Code

Graham Dr.
Tomball, TX 77375

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

checks (march statement)
(If travel outside of Texas, complete Schedule T)

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

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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED