Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

FORM **COR-C/OH**

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 5	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Derek MI S.	Date Received
	NICKNAME	LAST Townsend SUFFIX Sr.	
4 ORIGINAL REPORT TYPE	☐ January 15 ☐ Runoff ☐ Other (specify)		Date Hand-delivered or Date Postmarked
	☒ July 15 ☐ Exceeded $500 limit		
	☐ 30th day before election ☐ 15th day after treasurer appointment (officeholder only)		Receipt # / Amount
	☐ 8th day before election ☐ Final report		Legal / Totals
5 ORIGINAL PERIOD COVERED	Month Day Year 5/1/08 THROUGH Month Day Year 7/15/08		Date Processed
			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 Expendures on Schedule F, previously reported on Schedule E only. The Expenditure Total reflects the change.

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.

NOTARY PUBLIC STATE OF TEXAS
DORIS J. SPEER
Notary Public, State of Texas
My Commission Expires
June 22, 2012

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

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 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 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)

2 Total pages filed:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR (circled: MR) FIRST: Derek MI: S.

NICKNAME LAST: Townsend SUFFIX: Sr.

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

30618 Wm. Juergens Dr.
Tomball, Tx. 77375

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(281) 357-1561

6 CAMPAIGN TREASURER NAME

MS / MRS / MR (circled: MRS) FIRST: Lisa MI: S.

NICKNAME LAST: Townsend SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

30618 Wm. Juergens Tomball, TX. 77375

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(281) 357-1561

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☒ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 5 / 01 / 08 THROUGH Month Day Year: 7 / 15 / 08

11 ELECTION

ELECTION DATE Month Day Year: 5 / 10 / 08

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• 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

☐ additional pages

GO TO PAGE 2

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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. ••

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 100.00
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 400.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 100.00
4.	**TOTAL POLITICAL EXPENDITURES**	$ 3083.91 <415.38 credits

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	$ 2734.51

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

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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 Derek S. Townsend Sr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5-03-08	Snowflake Donuts 501 W. Main St. Tomball, Tx. 77375	$22.00

8 Purpose of payment (See instructions regarding type of information required.)
volunteer breakfast
(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 / Payee address; City; State; Zip Code	Amount ($)
5-07-08	Costco 12405 N. Gessner Houston, Tx, 77024	$69.53

Purpose of payment (See instructions regarding type of information required.)
Food for Party
(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 / Payee address; City; State; Zip Code	Amount ($)
5-07-08	Sams Club 7950 FM 1960 W.	$68.22

Purpose of payment (See instructions regarding type of information required.)
Food for Party
(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 / Payee address; City; State; Zip Code	Amount ($)

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE **F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME Derek S. Townsend

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address City State Zip Code	7 Amount ($)
5-01-08	Potpourri (HCN) Tomball, Tx. 77375	415.38

8 Purpose of payment (See instructions regarding type of information required.)
News advertisement
(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 / Payee address City State Zip Code	Amount ($)
5-01-08	Tribune Newspaper Tomball, Tx. 77375	683.55

Purpose of payment (See instructions regarding type of information required.)
News advertisement
(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 / Payee address City State Zip Code	Amount ($)
6-18-08	Derek S. Townsend 30618 Wm. Juergens Dr. Tomball, Tx. 77375	1200.00

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name: Derek S. Townsend | Office sought: Council Pos. 1 | Office held: N/A

Date	Payee name / Payee address City State Zip Code	Amount ($)
7-14-08	Derek S. Townsend 30618 Wm. Juergens Dr Tomball, Tx. 77375	525.23

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name: Derek S. Townsend | Office sought: Council Pos. 1 | Office held: —

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED