

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

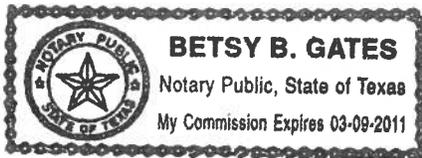
1 ACCOUNT #	2 Total pages filed: <u>6</u>	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR <u> </u> FIRST <u>Derek S.</u> MI <u> </u>	Date Received Received <u>City Secretary Office</u> Date: <u>10-5-10</u> Time: <u>3:50 pm</u>	
	NICKNAME <u>Townsend</u> LAST <u> </u> SUFFIX <u>Sr.</u>	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	Receipt #	Amount
	5 ORIGINAL PERIOD COVERED	Month <u>1</u> / Day <u>16</u> / Year <u>09</u> THROUGH Month <u>3</u> / Day <u>31</u> / Year <u>09</u>	Legal
		Date Processed	
		Date Imaged	

6 EXPLANATION OF CORRECTION

① Prior Report had 1) Missing Date Stamp Rec'd Form Cor-C/OH cover sheet pg 1 & 2) no notary witness c/oH cover sheet pg 2.
 ② Correct Contribution Balance per prior calculation when correction was previously made.
 ③ correct Individual loan amount (correct amount included in calculation of total but itemization does not include final invoice amount 3-24-09 \$154.34 to Derek Townsend)

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by DEREK TOWNSEND JR this the 5 day of OCTOBER.

to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

BETSY B. GATES
Printed name of officer administering oath

ASSIST. 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)

** 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	\$ 348.01
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2048.01
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ 2168.60
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

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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 45, 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 SR., this the 5 day of October, 2010, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

BETSY B. GATES
Printed name of officer administering oath

ASSIST. CITY SECRETARY
Title of officer administering oath

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 3
2 FILER NAME Derek S. Townsend Sr.		3 ACCOUNT # (Ethics Commission files)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$		
5 Date of loan 3/10/09	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Derek S. Townsend Sr.	9 Loan Amount (\$) \$451.40
6 Is lender a financial institution? Y <input checked="" type="radio"/> (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) Manager/Central US Regional Manager		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 3/12/09	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Derek S. Townsend Sr.	Loan Amount (\$) \$400.00
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) Manager/Central US Regional Manager		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

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: <div style="text-align: right; font-size: 24px;">3</div>
2 FILER NAME Derek S. Townsend Sr.		3 ACCOUNT # (Ethics Commission files)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan 3/24/09	7 Name of lender <input type="checkbox"/> out-of-state PAC (IDE) Derek S. Townsend Sr.	9 Loan Amount (\$) \$ 154.34 ←
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) Manager / Central US Regional Manager		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 3/25/09	Name of lender <input type="checkbox"/> out-of-state PAC (IDE) Derek S. Townsend Sr.	Loan Amount (\$) \$ 38.11
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) Manager / Central US Regional Manager		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

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 3
2 FILER NAME Derek S. Townsend Sr.		3 ACCOUNT # (Ethics Commission files)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan 3-25-09	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Derek S. Townsend Sr.	9 Loan Amount (\$) \$1000.00
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) Manager/Central US Regional Manager		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? Y N	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	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		