

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 8		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI		Date Received	
NICKNAME LAST SUFFIX		Derek S. Townsend Sr.		Received - City Secretary Office Date: 10-5-10 Time: 3:50 P.M.	
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 type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Hand-delivered or Date Postmarked	
5 ORIGINAL PERIOD COVERED		Month Day Year THROUGH Month Day Year		Receipt # Amount	
4/01/09 THROUGH 4/30/09				Legal Totals	
				Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION

① Prior Report was missing date stamp Rec'd - Form 40H cover sheet  
 ② Correct Contribution Balance #18, line 1 to include in total on line 2, and correctly report misprinted signs on 4/14/09 by removing from contribution total and noting them in purpose of Political Expenditure on 4/08 - Agency Signs Inc. (there was no intent of a contribution in the transaction)  
 ③ Clarified vendor name for Political Expenditure date 4/22/08 for campaign matter card.

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 Sr this the 5 day of OCTOBER

20 10 to certify which, witness my hand and seal of office.

Betsy B. Gates BETSY B. GATES ASSIST. CITY SECRETARY  
 Signature of officer administering oath Printed name of officer administering oath 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: <b>8</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR</b> FIRST <b>Derek S.</b> MI NICKNAME LAST SUFFIX <b>Townsend Sr.</b>	<b>OFFICE USE ONLY</b> Date Received <b>Received - City Secretary Office</b> Date: <b>10-5-10</b> Time: <b>3:50 P.M.</b> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>30618 Wm. Juergens Dr. Tomball, Tx. 77375</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(281) 357-1561</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR</b> FIRST <b>Lisa S.</b> MI NICKNAME LAST SUFFIX <b>Townsend</b>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY STATE ZIP CODE <b>30618 Wm. Juergens Tomball, Tx. 77375</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(281) 357-1561</b>		
9 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)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>4 / 01 / 09    THROUGH    4 / 30 / 09</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>5 / 09 / 09</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>Council Pos. 4</b>	
14 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		

**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"/> <b>GENERAL</b>  <input type="checkbox"/> <b>SPECIFIC</b>	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

<b>18 CONTRIBUTION TOTALS</b>	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)	\$ 2475.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3829.08
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2043.85

**19 AFFIDAVIT**

**BETSY B. GATES**  
Notary Public, State of Texas  
My Commission Expires 03-09-2011

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

Betsy B. Gates BETSY B. GATES ASSIST. CITY SECRETARY  
Signature of officer administering oath Printed name of officer administering oath 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: <b>3</b>	
2 FILER NAME <b>Derek Townsend Sr.</b>		3 ACCOUNT # (Ethics Commission file)	
4 Date <b>4/01</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) <b>Roy Lackey Sr.</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>31530 Capella Cir. Tomball TX 77375</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Mgmt President</b>		10 Employer (See Instructions)	
Date <b>4/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) <b>David Martin</b>	Amount of contribution (\$) <b>\$200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>13319 Spring Hollow 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)	
Date <b>4/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) <b>Rodney Hutson, M.D.</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>9431 Route Ln. Suite 100 Magnolia, TX 77354</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
Date <b>4/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) <b>E. P. Descant, M.D.</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>909 Graham Dr. Ste. D Tomball, TX 77375</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Physician</b>		Employer (See Instructions)	
Date <b>4/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) <b>James D. Beer, D.D.S.</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>13315 Evergreen Dr. Tomball TX 77375</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Dentist</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: <b>3</b>	
2 FILER NAME <b>Derek Townsend Sr</b>		3 ACCOUNT # (Ethics Commission file)	
4 Date <b>4/11</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (OE) <b>Craig &amp; Lorna Honey</b> 6 Contributor address; City; State; Zip Code <b>30831 Country Meadows Dr. Tomball, TX 77375</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)  (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>4/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (OE) <b>Brent Lapsley</b> Contributor address; City; State; Zip Code <b>1419 Green Tree Tomball, TX 77375</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)  (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 (OE) <b>La Donna Berkheimer-Luback</b> Contributor address; City; State; Zip Code <b>835 Baker Dr. Tomball, TX 77375</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) <b>Accountant</b>		Employer (See Instructions)	
Date <b>4/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (OE) <b>Renea Lackey</b> Contributor address; City; State; Zip Code <b>3150 Capella Cir. Tomball, TX 77375</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)  (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 (OE) <b>Travis Whitaker</b> Contributor address; City; State; Zip Code <b>404 Baker Dr. Tomball, TX 77375</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)  (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**  
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: <u>3</u>	
2 FILER NAME <u>Derek Townsend Sr.</u>		3 ACCOUNT # (State Committee Use)	
4 Date <u>4/20</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC/DCB <u>Lisa Townsend</u> 6 Contributor address; City; State; Zip Code <u>30618 Wm. Juergens Dr. Tomball, TX 77375</u>	7 Amount of contribution (\$) <u>\$52.00</u>	8 In-kind contribution description (if applicable) <u>Ice Cream and Spoons</u> (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See instructions) <u>BUSINESS OWNER</u>		10 Employer (See instructions)	
Date <u>4/28</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC/DCB <u>David Martin</u> Contributor address; City; State; Zip Code <u>13319 Spring Hollow Tomball TX 77375</u>	Amount of contribution (\$) <u>\$177.66</u>	In-kind contribution description (if applicable) <u>letter</u> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See instructions) <u>BUSINESS OWNER</u>		Employer (See instructions)	
Date <u>4/28</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC/DCB <u>Michael Gallin</u> Contributor address; City; State; Zip Code <u>3409 Capella Cir, Tomball, TX 77375</u>	Amount of contribution (\$) <u>\$177.66</u>	In-kind contribution description (if applicable) <u>Letter</u> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See instructions) <u>Engineer</u>		Employer (See instructions)	
Date <u>4/28</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC/DCB <u>William Sumner Jr.</u> Contributor address; City; State; Zip Code <u>12321 Zion Rd. Tomball, TX 77375</u>	Amount of contribution (\$) <u>\$77.68</u>	In-kind contribution description (if applicable) <u>Letter</u> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See instructions) <u>retired business owner</u>		Employer (See instructions)	
Date <u>4/30</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC/DCB <u>David Autry</u> Contributor address; City; State; Zip Code <u>30614 Tomball PKWY Tomball, TX. 77375</u>	Amount of contribution (\$) <u>\$500.00</u>	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See instructions) <u>Entrepreneur</u>		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 EXPENDITURES**

**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: **2**

2 FILER NAME **Derek Townsend Sr.**

3 ACCOUNT # (Ethics Commission Use)

4 Date  
**4/25**

5 Payee name  
**Office Depot**

7 Amount (\$)  
**\$45.43**

6 Payee address: City: State: Zip Code  
**14424 FM 2920 Tomball TX 77377**

8 Purpose of payment (See instructions regarding type of information required.)  
**paper-letter 28#**  
(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  
**4/24**

Payee name  
**Dot Matrix News**

Amount (\$)  
**\$665.38**

Payee address: City: State: Zip Code  
**825 Village Square Dr. Tomball TX 77375**

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

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

Date  
**4/27**

Payee name  
**USPS**

Amount (\$)  
**\$528.00**

Payee address: City: State: Zip Code  
**122 N. Holderrieth Blvd Tomball TX 77375**

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

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

Date  
**4/27**

Payee name  
**Office Depot**

Amount (\$)  
**\$53.53**

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

Purpose of payment (See instructions regarding type of information required.)  
**letters, envelopes, invitations**  
(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**

2 FILER NAME **Delek Townsend Sr.**

3 ACCOUNT # (Ethics Commission file)

4 Date  
**4/8**

5 Payee name  
**Agency Signs Inc.**  
6 Payee address; City: State; Zip Code  
**314 Commerce St. Tomball, TX  
77375**

7 Amount (\$)  
**\$755.04**

8 Purpose of payment (See instructions regarding type of information required.)  
**signs and stakes**  
*(also included 25 misprinted signs)  
(if travel outside of Texas, complete Schedule T) no value*

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

Date  
**4/17**

Payee name  
**Momentum Printing**  
Payee address; City: State; Zip Code  
**15018 Mintz Lane  
Houston, TX. 77375**

Amount (\$)  
**\$187.69**

Purpose of payment (See instructions regarding type of information required.)  
**push card**  
(if travel outside of Texas, complete Schedule T)

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

Date  
**4/17**

Payee name  
**Sams Club**  
Payee address; City: State; Zip Code  
**7950 FM 1960 W.  
Houston TX 77070**

Amount (\$)  
**\$109.31**

Purpose of payment (See instructions regarding type of information required.)  
**water (bottled)  
post cards, labels, etc.**  
(if travel outside of Texas, complete Schedule T) **campaign supplies**

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

Date  
**4/22**

Payee name  
**Neumann and Co.**  
Payee address; City: State; Zip Code  
**1002 Pauline Avenue  
Bellaire, TX 77404**

Amount (\$)  
**\$1484.70**

Purpose of payment (See instructions regarding type of information required.)  
**campaign mailer card**  
(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**