

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 MR FIRST Derek S. MI		Date Received	
NICKNAME Townsend Sr. LAST SUFFIX				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 checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Hand-delivered or Date Postmarked	
5 ORIGINAL PERIOD COVERED		Month Day Year 5 / 01 / 09 THROUGH Month Day Year 6 / 30 / 09		Receipt # Amount	
				Legal Totals	
				Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION

① Prior report had 1) missing date stamp Rec'd Cor-c/OH, Form c/OH cover sheet pg 1 ; 2) No notary witness c/OH Cover Sheet pg 2

② Corrected Outstanding Loan Total Form clat Cover sheet pg 2, #18 line 6 (93 originally reported)

③ Clarified Political Expenditure 5/05/09 - Office Dept purpose.

④ Provided name for U.S.P.S. and numerical and street address for Tomball post office

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.

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

additional pages

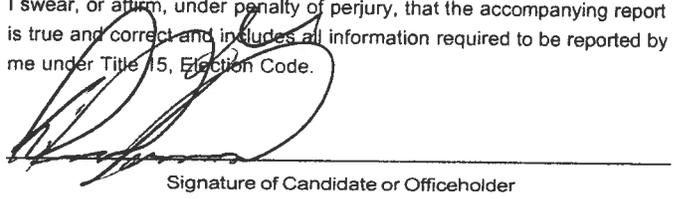
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 178.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 778.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1712.00
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	\$ 3463.85

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.



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



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

Betsy B. Gates
Signature of officer administering oath

BETSY B. GATES
Printed name of officer administering oath

ASSIST. CITY SECRETARY
Title of officer administering oath

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The instruction Guide explains how to complete this form.		1 Total pages Schedule G: 2
2 FILER NAME Derek S. Townsend Sr.		3 ACCOUNT # (Ethics Commission Req)
4 Date 5-01-09	5 Payee name USPS (United States Postal Service)	8 Amount (\$) \$ 6.75
	6 Payee address: City: State: Zip Code 122 N. Holderreith Tomball, TX. 77375	
	7 Purpose of expenditure (See instructions regarding type of information required.) postage (pc) (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5-05-09	Payee name U.S.P.S. (United States Postal Service)	Amount (\$) \$ 135.00
	Payee address: City: State: Zip Code 122 N. Holderreith Tomball, TX. 77375	
	Purpose of expenditure (See instructions regarding type of information required.) postage (pc) (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5-01-09	Payee name Office Depot	Amount (\$) \$ 37.62
	Payee address: City: State: Zip Code 14424 FM 2920 Tomball, TX. 77375	
	Purpose of expenditure (See instructions regarding type of information required.) labels, mailing supplies (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5-04-09	Payee name U.S.P.S. (United States Postal Service)	Amount (\$) \$ 92.40
	Payee address: City: State: Zip Code 122 N. Holderreith Tomball, TX. 77375	
	Purpose of expenditure (See instructions regarding type of information required.) postage (220 letters) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended
Date 5-05-09	Payee name Office Depot	Amount (\$) \$ 103.96
	Payee address: City: State: Zip Code 14424 FM 2920 Tomball, TX. 77375	
	Purpose of expenditure (See instructions regarding type of information required.) 800 pc (post cards) campaign literature (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: **2**

2 FILER NAME
Derek S. Townsend Sr.

3 ACCOUNT # (Ethics Commission Use)

4 Date 5-09-09	5 Payee name Sign. TX. 6 Payee address: City, State, Zip Code 1225 Alma, Suite D Tomball, Tx. 77375 7 Purpose of expenditure (See instructions regarding type of information required.) 20 signs and stakes (If travel outside of Texas, complete Schedule T)	8 Amount (\$) \$119.02 <input checked="" type="checkbox"/> Reimbursement from political contributors intended
--------------------------	--	--

Date 5-08-09	Payee name Sams Club Payee address: City, State, Zip Code 7950 FM 1960 W Houston, Tx. 77070 Purpose of expenditure (See instructions regarding type of information required.) Election Day refreshments (If travel outside of Texas, complete Schedule T)	Amount (\$) \$17.37 <input checked="" type="checkbox"/> Reimbursement from political contributors intended
------------------------	--	---

Date 5-09-09	Payee name South Tx Coffee Company Payee address: City, State, Zip Code 425 W. main St. Tomball, Tx. 77375 Purpose of expenditure (See instructions regarding type of information required.) Post-Election Celebration (If travel outside of Texas, complete Schedule T)	Amount (\$) \$1000.00 <input type="checkbox"/> Reimbursement from political contributors intended
------------------------	---	--

Date 5-09-09	Payee name Mike Jamail Payee address: City, State, Zip Code 12610 Bounty Ln. Tomball, Tx. 77377 Purpose of expenditure (See instructions regarding type of information required.) post-Election Celebration (tip) (If travel outside of Texas, complete Schedule T)	Amount (\$) \$100.00 <input type="checkbox"/> Reimbursement from political contributors intended
------------------------	--	---

Date 5-09-09	Payee name Leslie Glasscock Payee address: City, State, Zip Code 10720 Spurl Rd. Tomball, Tx. 77375 Purpose of expenditure (See instructions regarding type of information required.) Post-Election Celebration (tip) (If travel outside of Texas, complete Schedule T)	Amount (\$) \$100.00 <input type="checkbox"/> Reimbursement from political contributors intended
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED