

# 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,  
**5**

3 CANDIDATE / OFFICEHOLDER NAME

MS MRS / MR FIRST MI  
*Letitia H.*  
NICKNAME LAST SUFFK  
*Tish Humphrey*

OFFICE USE ONLY

Date Received  
*1-15-14*  
*migmer*

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 change of address

ADDRESS / PO BOX, APT/SUITE#, CITY, STATE, ZIP CODE  
*305 Forest Ln Huntsville TX 77340*

Date Hand-delivered or Postmarked  
*1/15/14*

Receipt # Amount

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(936) 291-3157*

Date Processed  
*1/15/14*

6 CAMPAIGN TREASURER NAME

MS MRS / MR FIRST MI  
*Theresa m.*  
NICKNAME LAST SUFFK  
*Alexander*

Date Imaged  
*1/18/14*

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT/SUITE#, CITY, STATE, ZIP CODE  
*1423-D Brazos Dr. Huntsville TX 77320*

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(936) 291-3603*

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 THROUGH Month Day Year  
*10/27/2013 THROUGH 12/31/2013*

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
*11/05/2013*

12 OFFICE

OFFICE HELD (if any)  
*Councilmember  
Ward 2*

13 OFFICE BOUGHT (if known)  
*Councilmember  
Ward 2*

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION  
TOTALS

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

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,300.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,014.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 826.23

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT



MARY JOYNER  
Notary Public  
STATE OF TEXAS  
My Comm. Exp. 08/17/2014

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.

*Letitia "Tish" Humphrey*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Letitia "Tish" Humphrey this the 15<sup>th</sup> day of January, 20 14, to certify which, witness my hand and seal of office.

*Mary Joyner*  
Signature of officer administering oath

Mary Joyner  
Printed name of officer administering oath

Exec. Asst.  
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 /	
2 FILER NAME Letitia "Tish" H. Humphrey		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/28/2013	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) T. Jay Burdett Contributor address: City: State: Zip Code P O Box 1682 Huntsville, TX 77342	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/28/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Don H. & Gwynne Lee Johnson Contributor address: City: State: Zip Code 503 ELKINS LAKE Huntsville, TX 77340-7312	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/28/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) E. or R. Owens Contributor address: City: State: Zip Code 180 ELKINS LAKE Huntsville, TX 77340	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/31/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Carpet Store Contributor address: City: State: Zip Code 2801 Sam Houston Ave. Huntsville, TX 77340	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/31/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bill FICK Contributor address: City: State: Zip Code 403 N. McIver Street Madisonville, TX 77064	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F <b>2</b>	2 FILER NAME <b>Letitia "Tish" H. Humphrey</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>10/28/2013</b>	5 Payee name <b>Houstonian SHSU</b>
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6 Amount (\$) <b>\$386.00</b>	7 Payee address; City; State; Zip Code <b>PO Box 2178, SHSU Huntsville, TX 77341</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising &amp; Promotion</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Big Color Ad</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/30/2013</b>	Payee name <b>KHVL</b>
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Amount (\$) <b>\$84.00</b>	Payee address; City; State; Zip Code <b>622 I-45 Frontage Road Huntsville, TX 77340</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising &amp; Promotion</b>	Description (If travel outside of Texas, complete Schedule T) <b>Ad spot on 1490 Am Radio</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/30/2013</b>	Payee name <b>KSAM</b>
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Amount (\$) <b>\$319.00</b>	Payee address; City; State; Zip Code <b>PO Box 330 Huntsville, TX 77342</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising &amp; Promotion</b>	Description (If travel outside of Texas, complete Schedule T) <b>Ad spot on 101.7 Fm Radio</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/11/2013</b>	Payee name <b>Matthew Weber</b>
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Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>1615 Sycamore Ave, #207 Huntsville, TX 77340</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Payroll Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Salaries/wages/contract labor</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 2	<b>2</b> FILER NAME Letitia "Tish" H. Humphrey	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 11/11/2013	<b>5</b> Payee name Neosha Koch
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<b>6</b> Amount (\$) \$ 50.00	<b>7</b> Payee address; City; State; Zip Code 2201 Bobby K Marks, #703 Huntsville, TX 77340
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Payroll Expenses	(b) Description (If travel outside of Texas, complete Schedule T) Salaries/wages/contract labor
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/27/2013	Payee name Huntsville Education Foundation
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Amount (\$) \$ 75.00	Payee address; City; State; Zip Code 441 FM 2821 East Huntsville, TX 77320
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Charitable Contribution	Description (If travel outside of Texas, complete Schedule T) Contribution / donation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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