

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: <div style="text-align: center; font-size: 2em;">7</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR <input checked="" type="checkbox"/> MR FIRST: <i>Letitia</i> MI: <i>H.</i> NICKNAME: <i>Tish</i> LAST: <i>Humphrey</i> SUFFIX:	OFFICE USE ONLY Date Received: <i>10/7/13</i> <i>[Signature]</i> Date Hand-delivered or Postmarked: <i>10/7/13</i> Receipt #: <i>[Signature]</i> Amount: Date Processed: <i>10/7/13</i> Date Imaged: <i>10/7/13</i> <i>[Signature]</i>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX, APT/SUITE#, CITY, STATE, ZIP CODE <i>305 Forest Ln Huntsville, TR 77340</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <i>(936)</i>	PHONE NUMBER: <i>291-3157</i>	EXTENSION:
6 CAMPAIGN TREASURER NAME	MS/MRS/MR <input checked="" type="checkbox"/> MR FIRST: <i>Theresa</i> MI: <i>m.</i> NICKNAME: <i>Alexander</i> LAST: <i>Alexander</i> SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT/SUITE#, CITY, STATE, ZIP CODE <i>1423-D Brazos Dr. Huntsville, TR 77320</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <i>(936)</i>	PHONE NUMBER: <i>291-3603</i>	EXTENSION:
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 <i>07/01/2013</i> <i>09/26/2013</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11/05/2013</i>	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) <i>Council member Ward 2</i>	13 OFFICE SOUGHT (if known) <i>Council member Ward 2</i>	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Letitia "Tish" H. Humphrey 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 916.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,516.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 219.16
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,956.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,706.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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.

Letitia Humphrey
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Letitia Humphrey, this the 7th day of October, 20 13, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Lee Woodward
Printed name of officer administering oath

City Secretary
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 3	
2 FILER NAME <i>Letitia "Tish" Humphrey</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8/6/2013</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Joseph C. Boaz</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1711 25th Street Huntsville, TX 77340</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>8/5/2013</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mr & Mrs. Edward C. Hearon</i>	Amount of contribution (\$) <i>\$ 200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>16119 Sea Palms Crosby, Texas 77532</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/5/2013</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Charlie's Used Cars, Charlie Rushing</i>	Amount of contribution (\$) <i>\$ 250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>230 I-45 South Huntsville, TX 77340</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/5/2013</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Maureen V. McIntyre</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>500 Hickory Huntsville, TX 77320</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/7/2013</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mr. & Mrs. Tom Freeman</i>	Amount of contribution (\$) <i>\$ 250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4119 State Hwy 30 West Huntsville, TX 77340</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 3	
2 FILER NAME Letitia "Tish" Humphrey		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/12/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Rhonda & Tommy Harris 6 Contributor address; City; State; Zip Code 306 Forest Lane Huntsville, TX 77340	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/11/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mr & Mrs. Michael W. Countz Contributor address; City; State; Zip Code 352 EIKINS 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 8/22/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Hodges 298 Building (Bill Hodges) Contributor address; City; State; Zip Code 241 Hickory Street Huntsville, TX 77320	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/15/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) David & Jackie Ward Contributor address; City; State; Zip Code 2010 Avenue P Huntsville, TX 77340	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/28/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Timothy & Martha Deahl Contributor address; City; State; Zip Code 260 Interstate 45 South, ste B Huntsville, TX 77340	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A 3	
2 FILER NAME Letitia "Tish" Humphrey		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/4/2013	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William B. & Diane J. Green 6 Contributor address; City; State; Zip Code 470 Elkins Lake Huntsville, TX 77340	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/11/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dr. Genevieve & Gordon Brown Contributor address; City; State; Zip Code 364 Elkins Lake Huntsville, TX 77340	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/29/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wayne & Andrea Scott Contributor address; City; State; Zip Code 600 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 9/2/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Judy Koehl Contributor address; City; State; Zip Code PO Box 1424 Huntsville, TX 77342-1424	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/21/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Billy F. & Debra K. Mitcham Contributor address; City; State; Zip Code 563 Elkins Lake Huntsville, TX 77340	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 2	2 FILER NAME Letitia "Tish" H. Humphrey	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/10/2013	5 Payee name Campaign & Promotions	
6 Amount (\$) \$346.40	7 Payee address; City; State; Zip Code 404 I-45 South Huntsville, TX 77340	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Re-Elect Labels push Cards Yard & Road Signs, for door to door
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/23/2013	Payee name The Gallery	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 624 11th Street Huntsville, TX 77340	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) onsite Video
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/26/2013	Payee name Melanie Thibodeaux - T Media	
Amount (\$) \$500.00	Payee address; City; State; Zip Code P O Box 149 Huntsville, TX 77342	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Design Layouts, Pictures
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/26/2013	Payee name Melanie Thibodeaux - T Media	
Amount (\$) \$240.86	Payee address; City; State; Zip Code P. O. Box 149 Huntsville, TX 77342	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Push Cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: <i>2</i>	2 FILER NAME <i>Letitia "Tish" H. Humphrey</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>9/26/2013</i>	6 Payee name <i>Senior Center of Walker County</i>
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6 Amount (\$) <i>\$450.00</i>	7 Payee address; City; State; Zip Code <i>340 Hwy 75 North Huntsville, TX 77320</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contributions</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>swing donated back to Center</i>
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9 Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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