

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 20
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Nancy	MI C.
	NICKNAME	LAST Humphrey	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; [REDACTED]	APT / SUITE #;	CITY; STATE; ZIP CODE Richardson, TX 75082
	AREA CODE	PHONE NUMBER	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	[REDACTED]	[REDACTED]	[REDACTED]
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST David	MI
	NICKNAME	LAST Stolle	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
	5813 Misted Breeze		Plano, TX 750933
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 642-4518	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
10 PERIOD COVERED	Month	Day	Year
	01	07	25
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	Plano ISD Board of Trustees, Pl. 3		Plano ISD Board of Trustees, Pl. 3
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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 checked="" type="checkbox"/> GENERAL	Keep Plano #1	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		2701 W. 15th Street, #214, Plano TX. 75075	
	COMMITTEE CAMPAIGN TREASURER NAME		
	Steve Lavine		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	2701 W. 15th Street, #214, Plano TX. 75075		

RECEIVED

4/11/25

[Signature]

APR 13:10PM

GO TO PAGE 2

Reset Form

Reset Page

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

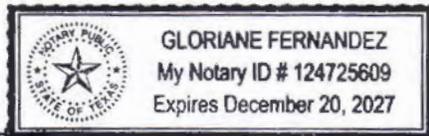
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Mrs. Nancy C. Humphrey		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$9,097.67
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,236.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,861.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 SIGNATURE 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.

Nancy C. Humphrey
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Nancy C. Humphrey this the 1st day of April, 2025, to certify which, witness my hand and seal of office.

[Signature] Gloriana Fernandez Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Mrs. Nancy C. Humphrey		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$9,097.67
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ \$ 44.84
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	SCHEDULE E: LOANS	\$ -0-
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \$2,236.63
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ \$ 43.16
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ \$ 35.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Mrs. Nancy C. Humphrey		3 Filer ID (Ethics Commission Filers)
4 Date 02/15/25	5 Full name of contributor Carole Greisdorf <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) \$ 77.74
	6 Contributor address; City; State; Zip Code 4820 Ridgedale Dr Plano TX 75024	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) n/a
Date 02/15/25	Full name of contributor Dawna Hubert <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 400 Shiloh Dr. Lucas TX 75002	
Principal occupation / Job title (See Instructions) Parent		Employer (See Instructions) n/a
Date 02/18/25	Full name of contributor Nancy Humphrey <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$ 35.00
	Contributor address; City; State; Zip Code [REDACTED] Richardson TX. 75082	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a
Date 02/20/25	Full name of contributor Debra Haer <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$206.46
	Contributor address; City; State; Zip Code 3021 Cotters Circle. Richardson, TX. 75082	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Mark Phariss	7 Amount of contribution (\$) \$250.00
02/20/25	6 Contributor address; City; State; Zip Code 3400 Westover Dr Plano TX 75093	
8 Principal occupation / Job title (See Instructions) <small>Senior Director, General Counsel</small>		9 Employer (See Instructions) Tenet Healthcare
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Angela Ethier	Amount of contribution (\$) \$ 21.10
02/22/25	Contributor address; City; State; Zip Code 7200 Dallas Pkwy 2123 Plano TX 75024	
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) <small>n/a</small>
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Minette Satterwhite	Amount of contribution (\$) \$ 30.00
02/22/25	Contributor address; City; State; Zip Code 3 Brookhaven Lucas Texas. 75002	
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) n/a
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Jon Mark & Diane Robbins	Amount of contribution (\$) \$1,000.00
02/26/25	Contributor address; City; State; Zip Code 2808 Telluride Lane Richardson Texas. 75082	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____) Elizabeth Richardson	7 Amount of contribution (\$) \$200.00
02/26/25	6 Contributor address; City; State; Zip Code 12134 Elysian Court Dallas Texas. 75230	
8 Principal occupation / Job title (See Instructions) National Account Director		9 Employer (See Instructions) McLane Company
Date	Full name of contributor out-of-state PAC (ID#: _____) Jeri Chambers	Amount of contribution (\$) \$100.00
03/02/25	Contributor address; City; State; Zip Code 5308 Barouche Ct. Plano TX 75023	
Principal occupation / Job title (See Instructions) Senior Officer, Donor Relations		Employer (See Instructions) Communities Foundation
Date	Full name of contributor out-of-state PAC (ID#: _____) Susan Randoing	Amount of contribution (\$) \$103.48
03/04/25	Contributor address; City; State; Zip Code 4720 Angel Fire Dr. Richardson TX 75082	
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date	Full name of contributor out-of-state PAC (ID#: _____) Christene Downs	Amount of contribution (\$) \$103.48
03/05/25	Contributor address; City; State; Zip Code 2401 Stone Creek Dr. Plano, TX. 75075	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Krupa Downs Law, LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Mrs. Nancy C. Humphrey		3 Filer ID (Ethics Commission Filers)
4 Date 03/05/25	5 Full name of contributor Julie Richard <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) \$103.48
6 Contributor address; City; State; Zip Code 2708 Edgeview Ct Richardson TX 75082		
8 Principal occupation / Job title (See Instructions) Parent		9 Employer (See Instructions) n/a
Date 03/06/25	Full name of contributor Robert Kehr <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 4417 Hawkhurst Dr Plano TX 75024		
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Kehr Technologies
Date 03/06/25	Full name of contributor Amy Nelson <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$ 51.99
Contributor address; City; State; Zip Code 6709 Alcove Ln Plano TX 75024		
Principal occupation / Job title (See Instructions) Parent		Employer (See Instructions) n/a
Date 03/07/25	Full name of contributor Olin Jaye <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 5201 Teddington Park Plano TX 75023		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Mrs. Nancy C. Humphrey		3 Filer ID (Ethics Commission Filers)
4 Date 03/08/25	5 Full name of contributor out-of-state PAC (ID#: _____) Kristy Boog-Scott	7 Amount of contribution (\$) \$515.38
6 Contributor address; City; State; Zip Code 3804 Cantera Ln. Richardson TX 75082		
8 Principal occupation / Job title (See Instructions) Parent		9 Employer (See Instructions) n/a
Date 03/09/25	Full name of contributor out-of-state PAC (ID#: _____) Randolph Wright	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3804 Cantera Ln. Richardson TX 75082		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a
Date 03/09/25	Full name of contributor out-of-state PAC (ID#: _____) Teresa Humphrey	Amount of contribution (\$) \$257.94
Contributor address; City; State; Zip Code 5703 Carrington Ct. Richardson TX 75082		
Principal occupation / Job title (See Instructions) Director of Commercial Specifications		Employer (See Instructions) Wilsonart Engineered Surfaces
Date 03/12/25	Full name of contributor out-of-state PAC (ID#: _____) Holly Nguyen	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 5703 Carrington Ct. Richardson TX 75082		
Principal occupation / Job title (See Instructions) Human Resources Excecutive		Employer (See Instructions) unknown

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Mrs. Nancy C. Humphrey		3 Filer ID (Ethics Commission Filers)
4 Date 03/12/25	5 Full name of contributor out-of-state PAC (ID#: _____) Jeremy Matthews	7 Amount of contribution (\$) \$ 51.99
	6 Contributor address; City; State; Zip Code 3917 Montrose Dr Plano TX 75025	
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions) unknown
Date 03/12/25	Full name of contributor out-of-state PAC (ID#: _____) Michelle Strickland	Amount of contribution (\$) \$154.97
	Contributor address; City; State; Zip Code 2721 Royal Troon Drive Plano TX 75025	
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 03/16/25	Full name of contributor out-of-state PAC (ID#: _____) Alpa Barevadia	Amount of contribution (\$) \$51.99
	Contributor address; City; State; Zip Code 2708 Glenheather Drive Richardson TX 75082	
Principal occupation / Job title (See Instructions) Parent		Employer (See Instructions) n/a
Date 03/16/25	Full name of contributor out-of-state PAC (ID#: _____) Cynthia Schrader	Amount of contribution (\$) \$515.38
	Contributor address; City; State; Zip Code 2210 Honeysuckle Dr Richardson TX 75082-3328	
Principal occupation / Job title (See Instructions) parent		Employer (See Instructions) n/a

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Mrs. Nancy C. Humphrey		3 Filer ID (Ethics Commission Filers)
4 Date 03/16/25	5 Full name of contributor out-of-state PAC (ID#: _____) Michelle Schroeder	7 Amount of contribution (\$) \$515.38
	6 Contributor address; City; State; Zip Code 3004 Cotters Circle Richardson TX 75082	
8 Principal occupation / Job title (See Instructions) Parent		9 Employer (See Instructions) n/a
Date 03/17/25	Full name of contributor out-of-state PAC (ID#: _____) Shep Stahel	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 3840 Ranch Estates Drive Plano TX. 75074	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a
Date 03/17/25	Full name of contributor out-of-state PAC (ID#: _____) Ellen Cardona	Amount of contribution (\$) \$103.48
	Contributor address; City; State; Zip Code 3025 Brookvale Dr. Richardson Texas. 75082	
Principal occupation / Job title (See Instructions) Parent		Employer (See Instructions) n/a
Date 03/17/25	Full name of contributor out-of-state PAC (ID#: _____) Audrey Lynn Boswell	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1518 Mohle Drive Austin Texas 78703	
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Mrs. Nancy C. Humphrey		3 Filer ID (Ethics Commission Filers)
4 Date 03/18/25	5 Full name of contributor out-of-state PAC (ID#: _____) Carolyn Alvey	7 Amount of contribution (\$) \$154.97
	6 Contributor address; City; State; Zip Code 613 Royal Glen Drive Murphy TX. 75094	
8 Principal occupation / Job title (See Instructions) Business owner		9 Employer (See Instructions) Aardvark Communications
Date 03/18/25	Full name of contributor out-of-state PAC (ID#: _____) Nanc Tran	Amount of contribution (\$) \$515.38
	Contributor address; City; State; Zip Code 4124 Tabernash Ln. Richardson TX 75082	
Principal occupation / Job title (See Instructions) Parent		Employer (See Instructions) n/a
Date 03/19/25	Full name of contributor out-of-state PAC (ID#: _____) Gary Cook	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 2328 Compton Dr. Plano TX 75025	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20/25	Full name of contributor out-of-state PAC (ID#: _____) Al Ely	Amount of contribution (\$) \$350.00
	Contributor address; City; State; Zip Code 5904 Kensington Dr. Plano TX 75093	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Mrs. Nancy C. Humphrey		3 Filer ID (Ethics Commission Filers)
4 Date 03/21/25	5 Full name of contributor out-of-state PAC (ID#: _____) Marta Lilly	7 Amount of contribution (\$) \$103.48
	6 Contributor address; City; State; Zip Code 850 Central Pkwy E Plano TX 75074	
8 Principal occupation / Job title (See Instructions) Exec Director		9 Employer (See Instructions) Hendrick Scholarship Foundation
Date 03/21/25	Full name of contributor out-of-state PAC (ID#: _____) Laura Rose	Amount of contribution (\$) \$ 51.99
	Contributor address; City; State; Zip Code 13074 Cordellera Lane, Frisco, TX. 75035	
Principal occupation / Job title (See Instructions) Marketing & Operations Mgr.		Employer (See Instructions) Hendrick Scholarship Foundation
Date 03/22/25	Full name of contributor out-of-state PAC (ID#: _____) Sarmilla Bose	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 6509 Hidden Creek Ct. Plano, TX 75024	
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) n/a
Date 03/22/25	Full name of contributor out-of-state PAC (ID#: _____) Mary Reder	Amount of contribution (\$) \$108.10
	Contributor address; City; State; Zip Code 1036 Sunswept Terrace Plano, TX 75075	
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) n/a

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Mrs. Nancy C. Humphrey		3 Filer ID (Ethics Commission Filers)
4 Date 03/23/25	5 Full name of contributor out-of-state PAC (ID#: _____) Mary Schneeberg	7 Amount of contribution (\$) \$ 51.99
6 Contributor address; City; State; Zip Code 3000 Cotters Circle Richardson TX. 75082		
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions) unknown
Date 03/23/25	Full name of contributor out-of-state PAC (ID#: _____) Shelley Jolly	Amount of contribution (\$) \$103.48
Contributor address; City; State; Zip Code 4012 Nicole Dr. Richardson, TX. 75082		
Principal occupation / Job title (See Instructions) Parent		Employer (See Instructions) n/a
Date 03/24/25	Full name of contributor out-of-state PAC (ID#: _____) Deepak Kumar Bhoopal	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3020 Cotters Circle Richardson, TX. 75082		
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) n/a
Date 03/25/25	Full name of contributor out-of-state PAC (ID#: _____) Kelly McBrayer	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 4712 Deer Valley Ln. Richardson, TX. 75082		
Principal occupation / Job title (See Instructions) Parent		Employer (See Instructions) n/a

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Mrs. Nancy C. Humphrey		3 Filer ID (Ethics Commission Filers)
4 Date 03/26/25	5 Full name of contributor Douglas Bender out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 5908 Carnegie Ln. Plano TX. 75093	7 Amount of contribution (\$) \$154.97
8 Principal occupation / Job title (See Instructions) Exec. Consultant		9 Employer (See Instructions) Self
Date 03/26/25	Full name of contributor Suryakant Shant out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3013 Cotters Circle Richardson, TX. 75082	Amount of contribution (\$) \$257.94
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) n/a
Date 03/28/25	Full name of contributor Mark Solomon out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1530 Hindsdale Road Richardson TX. 75081	Amount of contribution (\$) \$ 50.00
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Assurennet
Date 03/29/25	Full name of contributor Robyn Tatman out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3103 Fernhurst Dr. Richardson TX. 75082	Amount of contribution (\$) \$ 77.74
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Jean Callison	7 Amount of contribution (\$) \$103.48
04/01/25	6 Contributor address; City; State; Zip Code 1705 Burning Tree Lane. Plano, TX. 75093	
8 Principal occupation / Job title (See Instructions) Parent		9 Employer (See Instructions) n/a
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> David Stolle	Amount of contribution (\$) \$257.94
04/01/25	Contributor address; City; State; Zip Code 5833 Misted Breeze Plano TX. 75093	
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Jackson Walker LLP
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Lori Downey	Amount of contribution (\$) \$103.48
04/01/25	Contributor address; City; State; Zip Code 4729 Ravendale Richardson, TX. 75082	
Principal occupation / Job title (See Instructions) Parent		Employer (See Instructions) n/a
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Derek Sharpe	Amount of contribution (\$) \$103.48
04/01/25	Contributor address; City; State; Zip Code 5313 Westfield Dr. Parker, TX. 75002	
Principal occupation / Job title (See Instructions) Director of Software Development		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Mrs. Nancy C. Humphrey		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/19/2	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keep Plano #1	8 Amount of Contribution \$ \$ 44.84	9 In-kind contribution description Sign posts
7 Contributor address; City; State; Zip Code 2701 W. 15th St., #214 Plano TX 75075		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Retired		11 Employer (FOR NON-JUDICIAL)(See Instructions) n/a	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Mrs. Nancy C. Humphrey	3 Filer ID (Ethics Commission Filers)
4 Date 02/25/25	5 Payee name Lifetouch/Shutterfly	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 11000 Viking Dr, Eden Prairie, MN 55344	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Headshot
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/07/25	Payee name Executive Press, Inc.	
Amount (\$) \$930.25	Payee address; City; State; Zip Code 1400 Presidential Dr #110. Richardson, TX 75081	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs
	<input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/15/25	Payee name GoDaddy	
Amount (\$) \$ 43.16	Payee address; City; State; Zip Code 2155 E GoDaddy Way Tempe, AZ 85284.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website domain
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Mrs. Nancy C. Humphrey	3 Filer ID (Ethics Commission Filers)
4 Date 03/19/25	5 Payee name Executive Press, Inc.	
6 Amount (\$) \$887.65	7 Payee address; City; State; Zip Code 1400 Presidential Dr #110 Richardson, TX 75081	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/29/25	Payee name PayPal	
Amount (\$) \$206.85	Payee address; City; State; Zip Code 2211 N 1st St. San Jose, California, 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Transaction fees
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1	2 FILER NAME Mrs. Nancy C. Humphrey	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 CREDIT CARD ISSUER	Name of financial institution Chase Bank	
6 PAYMENT	(a) Amount Charged \$ 43.16	(b) Date Expenditure Charged 03/15/25
		(c) Date(s) Credit Card Issuer Paid 03/31/25
7 PAYEE	(a) Payee name GoDaddy	(b) Payee address; City, State, Zip Code 2155 E GoDaddy Way Tempe, AZ 85284.
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website domain
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
		(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
		(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Mrs. Nancy C. Humphrey	3 Filer ID (Ethics Commission Filers)
4 Date 02/18/25	5 Payee name Nancy Humphrey Campaign	
6 Amount (\$) \$35.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code [REDACTED] Richardson, TX. 75082	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description electronic payment test transactions
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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