

# 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 FIRST MI Mrs. Nancy C. <hr/> NICKNAME LAST SUFFIX Humphrey		<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 2em; color: red; border: 2px solid red; padding: 5px; display: inline-block;">                     RECEIVED                      4/11/25                      of                 </div>  Date Hand-delivered or Date Postmarked  Receipt # Amount \$  Date Processed  Date Imaged
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> Richardson, TX 75082  Change of Address		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. David <hr/> NICKNAME LAST SUFFIX Stolle		
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5813 Misted Breeze Plano, TX 750933 (Residence or Business)		APR 13:10PM
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 214 ) 642-4518		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 07 / 25 THROUGH 04 / 03 / 25		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 / 03 / 25 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Plano ISD Board of Trustees, Pl. 3		13 OFFICE SOUGHT (if known) 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		

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

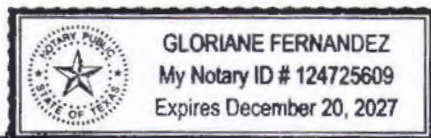
FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Mrs. Nancy C. Humphrey		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	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
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,236.63
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,861.04
<b>OUTSTANDING LOAN TOTALS</b>	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.

Gloriana Fernandez Nancy  
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 out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 4820 Ridgedale Dr Plano TX 75024	7 Amount of contribution (\$) \$ 77.74
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) n/a
Date 02/15/25	Full name of contributor Dawna Hubert out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 400 Shiloh Dr. Lucas TX 75002	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Parent		Employer (See Instructions) n/a
Date 02/18/25	Full name of contributor Nancy Humphrey out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Richardson TX. 75082	Amount of contribution (\$) \$ 35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a
Date 02/20/25	Full name of contributor Debra Haer out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3021 Cotters Circle. Richardson, TX. 75082	Amount of contribution (\$) \$206.46
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

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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 02/20/25	5 Full name of contributor Mark Phariss out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 3400 Westover Dr Plano TX 75093	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Senior Director, General Counsel		9 Employer (See Instructions) Tenet Healthcare
Date 02/22/25	Full name of contributor Angela Ethier out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 7200 Dallas Pkwy 2123 Plano TX 75024	Amount of contribution (\$) \$ 21.10
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) n/a
Date 02/22/25	Full name of contributor Minette Satterwhite out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3 Brookhaven Lucas Texas. 75002	Amount of contribution (\$) \$ 30.00
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) n/a
Date 02/26/25	Full name of contributor Jon Mark & Diane Robbins out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 2808 Telluride Lane Richardson Texas. 75082	Amount of contribution (\$) \$1,000.00
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

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

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

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.			<b>1</b> Total pages Schedule A1: <span style="font-size: 1.2em;">12</span>
<b>2</b> FILER NAME Mrs. Nancy C. Humphrey			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/12/25	<b>5</b> Full name of contributor Jeremy Matthews <small>out-of-state PAC (ID#): _____</small>	<b>7</b> Amount of contribution (\$)  \$ 51.99	
<b>6</b> Contributor address; 3917 Montrose Dr <small>City; State; Zip Code</small> Plano TX 75025			
<b>8</b> Principal occupation / Job title (See Instructions) unknown		<b>9</b> Employer (See Instructions) unknown	
Date 03/12/25	Full name of contributor Michelle Strickland <small>out-of-state PAC (ID#): _____</small>	Amount of contribution (\$)  \$154.97	
Contributor address; 2721 Royal Troon Drive <small>City; State; Zip Code</small> Plano TX 75025			
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown	
Date 03/16/25	Full name of contributor Alpa Barevadia <small>out-of-state PAC (ID#): _____</small>	Amount of contribution (\$)  \$51.99	
Contributor address; 2708 Glenheather Drive <small>City; State; Zip Code</small> Richardson TX 75082			
Principal occupation / Job title (See Instructions) Parent		Employer (See Instructions) n/a	
Date 03/16/25	Full name of contributor Cynthia Schrader <small>out-of-state PAC (ID#): _____</small>	Amount of contribution (\$)  \$515.38	
Contributor address; 2210 Honeysuckle Dr <small>City; State; Zip Code</small> Richardson TX 75082-3328			
Principal occupation / Job title (See Instructions) parent		Employer (See Instructions) n/a	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 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 6 Contributor address; City; State; Zip Code 3004 Cotters Circle Richardson TX 75082	7 Amount of contribution (\$) \$515.38
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 Contributor address; City; State; Zip Code 3840 Ranch Estates Drive Plano TX. 75074	Amount of contribution (\$) \$100.00
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 Contributor address; City; State; Zip Code 3025 Brookvale Dr. Richardson Texas. 75082	Amount of contribution (\$) \$103.48
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 Contributor address; City; State; Zip Code 1518 Mohle Drive Austin Texas 78703	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown

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.			<b>1</b> Total pages Schedule A1: <span style="font-size: 1.2em;">12</span>
<b>2</b> FILER NAME Mrs. Nancy C. Humphrey			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  03/18/25	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Carolyn Alvey ..... <b>6</b> Contributor address; City; State; Zip Code 613 Royal Glen Drive Murphy TX. 75094		<b>7</b> Amount of contribution (\$)  \$154.97
<b>8</b> Principal occupation / Job title (See Instructions) Business owner		<b>9</b> Employer (See Instructions) Aardvark Communications	
Date  03/18/25	Full name of contributor out-of-state PAC (ID#: _____) Nanc Tran ..... Contributor address; City; State; Zip Code 4124 Tabernash Ln. Richardson TX 75082		Amount of contribution (\$)  \$515.38
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 ..... Contributor address; City; State; Zip Code 2328 Compton Dr. Plano TX 75025		Amount of contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/20/25	Full name of contributor out-of-state PAC (ID#: _____) Al Ely ..... Contributor address; City; State; Zip Code 5904 Kensington Dr. Plano TX 75093		Amount of contribution (\$)  \$350.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

**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
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# 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 Mary Schneeberg out-of-state PAC (ID#: 6 Contributor address; 3000 Cotters Circle City; Richardson TX. 75082 State; Zip Code	7 Amount of contribution (\$) \$ 51.99
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions) unknown
Date 03/23/25	Full name of contributor Shelley Jolly out-of-state PAC (ID#: Contributor address; 4012 Nicole Dr. City; Richardson, TX. 75082 State; Zip Code	Amount of contribution (\$) \$103.48
Principal occupation / Job title (See Instructions) Parent		Employer (See Instructions) n/a
Date 03/24/25	Full name of contributor Deepak Kumar Bhoopal out-of-state PAC (ID#: Contributor address; 3020 Cotters Circle City; Richardson, TX. 75082 State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) n/a
Date 03/25/25	Full name of contributor Kelly McBrayer out-of-state PAC (ID#: Contributor address; 4712 Deer Valley Ln. City; Richardson, TX. 75082 State; Zip Code	Amount of contribution (\$) \$200.00
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 03/26/25	5 Full name of contributor Douglas Bender out-of-state PAC (ID#: _____) 6 Contributor address; 5908 Carnegie Ln. City; Plano TX. 75093 State; Zip Code	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; 3013 Cotters Circle City; Richardson, TX. 75082 State; Zip Code	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; 1530 Hindsdale Road City; Richardson TX. 75081 State; Zip Code	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; 3103 Fernhurst Dr. City; Richardson TX. 75082 State; Zip Code	Amount of contribution (\$) \$ 77.74
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

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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 04/01/25	5 Full name of contributor out-of-state PAC (ID#: _____) Jean Callison 6 Contributor address; City; State; Zip Code 1705 Burning Tree Lane. Plano, TX. 75093	7 Amount of contribution (\$) \$103.48
8 Principal occupation / Job title (See Instructions) Parent		9 Employer (See Instructions) n/a
Date 04/01/25	Full name of contributor out-of-state PAC (ID#: _____) David Stolle Contributor address; City; State; Zip Code 5833 Misted Breeze Plano TX. 75093	Amount of contribution (\$) \$257.94
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Jackson Walker LLP
Date 04/01/25	Full name of contributor out-of-state PAC (ID#: _____) Lori Downey Contributor address; City; State; Zip Code 4729 Ravendale Richardson, TX. 75082	Amount of contribution (\$) \$103.48
Principal occupation / Job title (See Instructions) Parent		Employer (See Instructions) n/a
Date 04/01/25	Full name of contributor out-of-state PAC (ID#: _____) Derek Sharpe Contributor address; City; State; Zip Code 5313 Westfield Dr. Parker, TX. 75002	Amount of contribution (\$) \$103.48
Principal occupation / Job title (See Instructions) Director of Software Development		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.

# 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 7 Contributor address; City; State; Zip Code 2701 W. 15th St., #214 Plano TX 75075	8 Amount of Contribution \$ \$ 44.84	9 In-kind contribution description Sign posts
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#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		Check if travel outside of Texas. Complete Schedule T.	
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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2	<b>2</b> FILER NAME Mrs. Nancy C. Humphrey	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/25/25	<b>5</b> Payee name Lifetouch/Shutterfly	
<b>6</b> Amount (\$) \$150.00	<b>7</b> Payee address; City; State; Zip Code 11000 Viking Dr, Eden Prairie, MN 55344	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Headshot
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> 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
	✓ 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 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
	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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# 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

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

☒ Political  
☐ Non-Political

(c) Check if travel outside of Texas. Complete Schedule T.

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

☐ Political  
☐ Non-Political

(c) Check if travel outside of Texas. Complete Schedule T.

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

☐ Political  
☐ Non-Political

(c) Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Complete ONLY 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 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>1</b>	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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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