

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: **-7-**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mrs. Nancy C.
NICKNAME LAST SUFFIX
Humphrey

OFFICE USE ONLY

Date Received

RECEIVED
9/25/25
8

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
[REDACTED] Richardson TX. 75082

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
[REDACTED]

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mr. David
NICKNAME LAST SUFFIX
Stolle

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
5833 Misted Breeze Plano TX 75093

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 953-6105

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 Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
04 / 04 / 25 THROUGH 04 / 24 / 25

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☐ Runoff ☐ Other Description
05 / 03 / 25 ☒ General ☐ 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)

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
Keep Plano #1

☒ GENERAL

COMMITTEE ADDRESS
2701W. 15th Street, #214, Plano TX. 75075

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME
Warren Casteel

COMMITTEE CAMPAIGN TREASURER ADDRESS
3504 Brookshire Drive, Plano TX. 75075

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME 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)	\$	578.52
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	-0-
	4. TOTAL POLITICAL EXPENDITURES	\$	4,806.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	2,652.07
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



GLORIANE FERNANDEZ
My Notary ID # 124725609
Expires December 20, 2027

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Nancy C. Humphrey this the 25th day of April,

20 25, to certify which, witness my hand and seal of office.

Gloriana Fernandez Signature of officer administering oath
Gloriana Fernandez Printed name of officer administering oath
Notary 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 Nancy C. Humphrey	20 Filer ID (Ethics Commission Filers)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 578.52
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4. SCHEDULE E: LOANS	\$ -0-
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,806.21
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	\$ -0-
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
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: -2-
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 04/03/25	5 Full name of contributor out-of-state PAC (ID#: _____) Roseanne Hart 6 Contributor address; City; State; Zip Code 2152 Sutton Place Richardson TX. 75080	7 Amount of contribution (\$) \$ 54.04
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/16/25	Full name of contributor out-of-state PAC (ID#: _____) Duncan Webb Contributor address; City; State; Zip Code 3113 Harvard Court Plano TX. 75093	Amount of contribution (\$) \$ 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/25	Full name of contributor out-of-state PAC (ID#: _____) Monica Scott Contributor address; City; State; Zip Code 2311 Clear Lake Circle Richardson, TX. 75080	Amount of contribution (\$) \$103.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/25	Full name of contributor out-of-state PAC (ID#: _____) Joseph and Angie Sifferman Contributor address; City; State; Zip Code 6212 Birchmont Dr. Plano, TX. 75093	Amount of contribution (\$) \$100.00
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.		

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: -2-	
2 FILER NAME Nancy Humphrey				3 Filer ID (Ethics Commission Filers)	
4 Date 04/23/25		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Cinclair, Jr.		7 Amount of contribution (\$) \$201.00	
		6 Contributor address; City; State; Zip Code 2221 Stanmore Lane Plano, TX 75025			
8 Principal occupation / Job title (See Instructions) Attorney			9 Employer (See Instructions)		
Date 04/24/25		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David King		Amount of contribution (\$) \$100.00	
		Contributor address; City; State; Zip Code 4104 Camino Drive Plano, TX 75074			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)	
		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)	
		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 F1: -3-	2 FILER NAME Nancy C. Humphrey	3 Filer ID (Ethics Commission Filers)
4 Date 04/05/25	5 Payee name Community Impact	
6 Amount (\$) \$1,300.00	7 Payee address; City; State; Zip Code 7460 Warren Pkwy, Ste 160, Frisco, TX 75034	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Ad
	(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
Date 04/19/25	Payee name Keep Plano #1	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 2701W. 15th Street, #214, Plano TX. 75075	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailer
	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
Date 04/19/25	Payee name Executive Press	
Amount (\$) \$ 487.13	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 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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Contributions/Donations Made By
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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 F1: -3-		2 FILER NAME Nancy C. Humphrey		3 Filer ID (Ethics Commission Filers)	
4 Date 04/24/25		5 Payee name PayPal			
6 Amount (\$) \$19.08		7 Payee address; 2211 N 1st St.		City; CA	State; 95131 Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Transaction processing fees		
	(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 (\$)		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 (\$)		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 (\$)		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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