# 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 Commis	sion Filers) 2 To	otal pages fi	led: -10-
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mrs.	FIRST Nancy	MI C			USE ONLY
NAME	NICKNAME	LAST <b>Humphrey</b>	SU	FFIX Date F	Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	3009 Cotters		city; state; zip Richardson TX 75	5082		
Change of Address  5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date 1	land dalimen	& Contracted
OFFICEHOLDER PHONE						d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR MS.	FIRST Missy	MI	Receip	rocessed	Amount \$
NAME	NICKNAME	LAST	SUI	FFIX		
		Bender		Date i	maged	
7 CAMPAIGN TREASURER ADDRESS	7806 Elemen	(NO PO BOX PLEASE); APT / S nt Avenue	SUITE #; CITY; Plano	•	STATE;	ZIP CODE 75093
(Residence or Business)						
CAMPAIGN TREASURER PHONE	(469 )	PHONE NUMBER 688-8774	EXTENSION			JL <b>≌</b> 9:
REPORT TYPE	January 15	30th day before e	election Runoff		15th day af treasurer a	
	X July 15	8th day before ele	ection Exceeded Reporting I			rt (Attach C/OH - FR)
O PERIOD COVERED	Month 04	Day Year 21	THROUGH	Month Da 15	y Year 21	
1 ELECTION	ELECTION DA	TE	ELEC	TION TYPE		
	Month Day 05 / 01	Year Primary  ✓ 21 ■ General		ther lescription	9	
2 OFFICE	OFFICE HELD (if any) Plano ISD Board Trust Place 3		13 OFFICE SOUGH Plano ISD Board Tru Place 3			
4 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WITHOU	JT THE CANDIDATE'S	OR OFFICEHOL	DER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
Additional Pages	CENTERNAL					
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			

	E / OFFICEHOLDER N FINANCE REPORT	COVER SH	RM C/OH HEET PG 2
15 C/OH NAME Nancy C. Humphrey		16 Filer ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	-0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	150.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	5.26
	4. TOTAL POLITICAL EXPENDITURES	\$	644.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	-0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	-0.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	e and correct and incl	
Not Stat	E FERNANDEZ ary Public e of Texas 12472560-9 bires 12/20/2023  Please complete either option below	r:	
(1) Affidavit			

(1) Affidavit

NOTARY STAMP/SEAL	1			40		
Sworn to and subscribed b	efore me by Natay	C. Hunghey	t	his the $15^{11}$	day of	Jug
20 <u>\lambdall,</u> to certify w	hich, witness my hand and seal of off	ice.			. 1	
General	Society	fernordet			Motory	
Signature of officer administering	ng oath Printed name	of officer administeri	ng oath		Title of office	r administering oath
		OR		1000	1.000	N TO NO
(2) Unsworn Declaration	1					
My name is		, ar	nd my date of	birth is		
My address is						
	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the	day of		, 20 (year)	
				(month)	(year)	
		-	Signature of	f Candidate/Of	ficeholder (Dec	larant)

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAME Nancy C. Humphrey	20 Filer ID (Ethics C	ommission	r Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		777	UBTOTAL	
1.	SCHEDULE A1: MONETARY POLITICAL CONT	TRIBUTIONS	\$	150.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) PO	OLITICAL CONTRIBUTIONS	\$	0.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00		
4.	SCHEDULE E: LOANS	\$	0.00		
5.	SCHEDULE F1: POLITICAL EXPENDITURES	\$	638.81		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATION	\$	0.00		
7.	SCHEDULE F3: PURCHASE OF INVESTMEN	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	SCHEDULE F4: EXPENDITURES MADE BY C	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	SCHEDULE G: POLITICAL EXPENDITURES M	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	SCHEDULE H: PAYMENT MADE FROM POLIT	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES	S MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, TO FILER	\$	0.00		

# **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 t	to complete this	s form.		1 Total pages Schedule A1: -1-
Nancy C. H					3 Filer ID (Ethics Commission Filers)
4 Date 04/26/21	5 Full name of contributor James Schell	out-of-state PA	on Walker Brown		7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 3400 Emily Drive Plano TX 75093		Zip Code			
8 Principal occu	upation / Job title (See Instructions)		9 Empl	oyer (See Instruct	ions)
Date Full name of contributor out-of-state PAC (ID#:)  Karen Beck					Amount of contribution (\$) 25.00
		City;	State;	Zip Code	
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instructi	ions)
Date 4/26/21	Full name of contributor Paul Day		9233		Amount of contribution (\$) 25.00
	Contributor address; 3619 MacKenzie Lane	City;	State;	Zip Code	
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instructi	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:		Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instructi	ions)

# 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/Officerolder/Political Committee

Event Expense Fees Food/Beverage Expense Git/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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	, , , , , , , , , , , , , , , , , , , ,	
1 Total pages Schedule F1: -1-	2 FILER NAME Nancy C. Humphrey		3 Filer ID (Ethics Co	mmission Filers)
4 Date 07/14/21	5 Payee name Southwest Airlines Chase Visa			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$ 638.81	P.O. Box 15298	Wilmingto	on Delaware	19850
8	(a) Category (See Categories listed at the lop of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Expenses paid by credit card	All expenses fi	iled on Sch F4 ir	final report
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living expe	ense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Offi	ce held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; 2	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expe	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Offi	ce held
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Z	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expe	nse
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Off	ice held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

### SCHEDULE F4

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

EXPENDITURE	CATEGORIES	FOR	BOX	10(a)
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Advertising Expense Accounting/Banking

Event Expense Fees
Food/Reverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica		Gift/Awards/Memorials Legal Services		Printing Exp Salaries/W			ut Of District	t ory not listed above)
		The Instruction G	uide explains	how to co	omplete this form.			
1 Total pages Schedule F4;	2 FILER N	. Humphrey				3 Filer II	) (Ethics (	Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPI	ENDITURES CH	HARGED T	OACR	EDIT CARD	\$		
5 Date 05/01/21	6 Payee r Chiloso's							
7 Amount (\$) 3265.21	8 Payee a 2455 R ROCKW	IDGE RD #13	35 TX	7	City; 75087	29	State;	Zip Code
9 TYPE OF EXPENDITURE	<b>■</b> F	olitical		Non-Pol	itical			
10 PURPOSE OF EXPENDITURE		(See Calegories listed a		hedule)	(b) Description Catering for	watch pa	arty	
	(c)	Check if travel outside of Te	exas. Complete Sci	hedule T.	Check if A	Austin, TX, office	eholder living	g expense
11 Complete ONLY if direct expenditure to benefit C/OH	Cano	lidate / Officeholde	r name	Of	fice sought		Office h	eld
Date 05/01/21	Payee r Chick-fil-							
Amount (\$) \$14.13	Payee a Richards	address; on TX 7	5082		City;	3	State;	Zip Code
TYPE OF EXPENDITURE	P	olitical	-	Non-Po	litical			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Description Breakfast for election day							
		Check if travel outside of To	exas. Complete Sc	hedule T.	Check if	Austin, TX, office	eholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cano	lidate / Officeholde	r name	Of	fice sought		Office h	eld
	ATTAC	H ADDITIONAL O	COPIES OF	THIS SO	CHEDULE AS N	EEDED		

### 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 Gitt/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

Candidate/Officeholder/Politica	# 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Other (enter a category not listed above)
1 Total pages Schedule F4: -4-	2 FILER NAME Nancy C. Humphrey	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
5 Date 04/30/21	6 Payee name Total Wine & More	
7 Amount (\$)\$147.13	8 Payee address; City; 721 N. Central Expressway, Suite 200 Plano	State; Zip Code <b>TX</b> 75075
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Beverage su	pplies for watch party
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Ar	ustin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held
Date 05/03/21	Payee name Weebly	
Amount (\$) \$108.25	Payee address; City; www.weebly.com	State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political	
	Category (See Categories listed at the top of this schedule)  Description	
PURPOSE OF EXPENDITURE	Advertising Expense Website e	xpense
	Check if travel outside of Texas, Complete Schedule T. Check if A	lustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held
1-11		

### 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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Memorials Expense	Polling Exp Printing Exp Salaries/W		Travel In District Travel Out Of District Other (enter a categor	
	The Instru	uction Guide explair	ns how to co	implete this form.		
1 Total pages Schedule F4: -4-	2 FILER NAME Nancy C. Humpl	hrey			3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITUR	RES CHARGED	TOACR	EDIT CARD	\$	
5 Date 05/01/21	6 Payee name Jack in the Box					
7 Amount (\$) \$ 8.18	8 Payee address; Plano	TX 75093		City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political		Non-Pol	itical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categori Food/Beverage	ies listed at the top of this	schedule)	(b) Description Lunch on ele	ction day	
	(c) Check if travel of	outside of Texas. Complete \$	Schedule T.	Check if A	ustin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	ceholder name	Of	fice sought	Office h	eld
Date 05/01/21	Payee name GoDaddy					
Amount (\$) \$ 4.99	Payee address;			City;	State;	Zip Code
TYPE OF EXPENDITURE	Political		Non-Po	litical		
PURPOSE OF EXPENDITURE	Category (See Categor Fees	ies listed at the top of this	schedule)	Description Website sec	urity fee	
	Check if travel of	outside of Texas. Complete	Schedule T.	Check if A	ustin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offic	ceholder name	Of	fice sought	Office h	eld
	ATTACH ADDITIO	ONAL COPIES O	F THIS SO	CHEDULE AS NE	EDED	

### 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/Wanes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica		Gift/Awards/Memorials Legal Services The Instruction Gu	Expense Printi Salar	ies/W	pense ages/Contract Labor	Travel Out Other (ente	Of Distric	t ory not listed above)
1 Total pages Schedule F4:	2 FILER	NAME C. Humphrey				3 Filer ID	(Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CH	IARGED TO A	CR	EDIT CARD	\$		
5 Date 07/14/21	6 Payee Hendrick	name CScholarship F	oundation					
7 Amount (\$) \$90.92	8 Payee 2030 Av	enue G, Suite	1108		city; <b>Plano</b>		State; TX	Zip Code <b>75074</b>
9 TYPE OF EXPENDITURE	1	Political	No.	n-Pol	litical			
10 PURPOSE OF EXPENDITURE	(a) Category Donatio	y (See Calegories lisled at In	the top of this schedul	9)	(b) Description  Donate remai	ning bal	ance 1	to charity
	(c)	Check if travel outside of Tex	xas, Complete Schedule	Т.	Check if Au	stin, TX, officel	nolder livin	g expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder	name	Of	ffice sought		Office h	eld
Date	Payee	name						
Amount (\$)	Payee	address;			City;	S	itate;	Zip Code
TYPE OF EXPENDITURE	- F	Political	I_ No	on-Po	litical			
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at	lhe top of this schedu	e)	Description			
		Check if travel outside of Te	xas. Complete Schedule	т.	Check if Au	ustin, TX, office	holder livir	g expense
Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder	пате	Ot	ffice sought		Office h	neld
	ATTAC	H ADDITIONAL C	OPIES OF TH	IS S	CHEDULE AS NE	EDED		

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to com	
	<ul> <li>Complete only if "Report Type" on page 1 is m</li> </ul>	narked "Final Report" ••
	н NAME v C. Humphrey	2 Filer ID (Ethics Commission Filers)
3 SIG	NATURE	
	not expect any further political contributions or political expenditures in connignating a report as a final report terminates my campaign treasurer appointment.	
cam	paign contributions or make any campaign expenditures without a campaign	treasurer appointment on file.
		Mucci Humfoldes Signature of Candidate / Officeholder
	ER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder. •-	
A.	CAMPAIGN FUNDS	
Ch	neck only one:	
	I do not have unexpended contributions or unexpended interest or incompared to the contributions of the contribution of th	me earned from political contributions.
	I have unexpended contributions or unexpended interest or income earn may not convert unexpended political contributions or unexpended interest or income earned on unexpended contributions or unexpended interest or income earned on filing this final report. Further, I understand that I must dispose of unexpended or income earned on political contributions in accordance with the	erest or income earned on political contributions to unexpended contributions and that I may not retain political contributions longer than six years after pended political contributions and unexpended
B.	ASSETS	
Ch	neck only one:	
	I do not retain assets purchased with political contributions or interest o	r other income from political contributions.
	I do retain assets purchased with political contributions or interest or off that I may not convert assets purchased with political contributions or in	
	personal use. I also understand that I must dispose of assets purchase requirements of Election Code, § 254.204.	
		Signature of Candidate
	ICEHOLDER omplete this section only if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an office file. I am also aware that I will be required to file reports of unexpended of an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contribution	ontributions if, after filing the last required report as molitical contributions, or assets purchased with