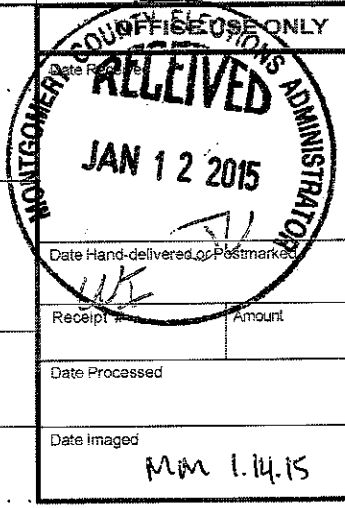


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 1 of 9	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Rand LAST	MI M. SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 1678, Conroe, TX 77305			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (936)	PHONE NUMBER 520.7833		EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. NICKNAME	FIRST Christina LAST		MI B. SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9917 E Shore Dr., Willis, TX 77318			
8 CAMPAIGN TREASURER PHONE	AREA CODE (936)	PHONE NUMBER 520.7833	EXTENSION	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 08 / 07 / 2014		THROUGH Month Day Year 12 / 31 / 2014	
11 ELECTION	Month ELECTION DATE Year Day 03 / 01 / 2016	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Sheriff		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME **Henderson, Rand**

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$13,019.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$0

4. TOTAL POLITICAL EXPENDITURES

\$273.61

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$11,116.39

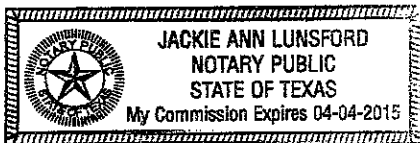
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Rand Henderson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rand Henderson, this the 12 day of January, 20 15, to certify which, witness my hand and seal of office.

Jackie Ann Lunsford
Signature of officer administering oath

Jackie Ann Lunsford
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 of 3	
2 FILER NAME Henderson, Rand		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8.22.2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tommy Gage Sheriff Campaign Fund 6 Contributor address; City; State; Zip Code PO BOX 3665, Conroe, TX 77305	7 Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8.21.2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Roger Contributor address; City; State; Zip Code 3014 Stanford Ct., Tyler, TX 75701	Amount of contribution (\$) 1000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9.12.2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Jim Contributor address; City; State; Zip Code 17178 West FM 1097, Montgomery, TX 77356	Amount of contribution (\$) 5000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9.19.2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Absher, James Contributor address; City; State; Zip Code 6336 Brimwood Dr., Plano, TX 75093	Amount of contribution (\$) 150.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.24.2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bills, Craig Contributor address; City; State; Zip Code 17627 Memorial Falls, Tomball, TX 77375	Amount of contribution (\$) 1000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 of 3	
2 FILER NAME Henderson, Rand		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.24.2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seay, Timothy 6 Contributor address; City; State; Zip Code 2614 South Wildwind, The Woodlands, TX 77380	7 Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11.21.2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk, Daniel Contributor address; City; State; Zip Code 1235 N Loop W Suite 500, Houston, TX 77008	Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12.17.2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Stephen Contributor address; City; State; Zip Code 166 April Waters Dr. W, Montgomery, TX 77356	Amount of contribution (\$) 2500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12.17.2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pryor, Kyle Contributor address; City; State; Zip Code 25223 Hideaway Run Dr, Spring, TX 77389	Amount of contribution (\$) 200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8.20.2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tommy Gage Sheriff Campaign Fund Contributor address; City; State; Zip Code PO BOX 3665, Conroe, TX 77305	Amount of contribution (\$) 101.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Conroe Lions Dues
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 of 3	
2 FILER NAME Henderson, Rand		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.1.2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tommy Gage Campaign Fund 6 Contributor address; City; State; Zip Code PO BOX 3665, Conroe, TX 77305	7 Amount of contribution (\$) 91.00	8 In-kind contribution description (if applicable) Lions Club Dues & Donation (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9.17.2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tommy Gage Campaign Fund Contributor address; City; State; Zip Code PO BOX 3665, Conroe, TX 77305	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable) East Montgomery Fair & Auction (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11.1.2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tommy Gage Campaign Fund Contributor address; City; State; Zip Code PO BOX 3665, Conroe, TX 77305	Amount of contribution (\$) 51.00	In-kind contribution description (if applicable) Lions Club Dues (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12.1.2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tommy Gage Campaign Fund Contributor address; City; State; Zip Code PO BOX 3665, Conroe, TX 77305	Amount of contribution (\$) 51.00	In-kind contribution description (if applicable) Lions Club Dues (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11.21.2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk, Daniel Contributor address; City; State; Zip Code 1235 N Loop W Suite 500, Houston, TX 77008	Amount of contribution (\$) 375.00	In-kind contribution description (if applicable) Woodlands Area Chamber Membership (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form. **1** Total pages Schedule E: **1 of 1**

2 FILER NAME **Henderson, Rand** **3** ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$

5 Date of loan **8/7/2014** **7** Name of lender out-of-state PAC (ID#: _____) **Henderson, Rand** **9** Loan Amount (\$) **25.00**

6 Is lender a financial institution? **Y** **N** **8** Lender address; City; State; Zip Code **9917 E Shore Dr., Willis, TX 77318** **10** Interest rate **0** **11** Maturity date **N/A**

12 Principal occupation / Job title (See Instructions) **13** Employer (See Instructions)

14 Description of Collateral none **15** Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION not applicable **17** Name of guarantor **18** Guarantor address; City; State; Zip Code **19** Amount Guaranteed (\$)

20 Principal Occupation (See Instructions) **21** Employer (See Instructions)

Date of loan Name of lender out-of-state PAC (ID#: _____) Loan Amount (\$)
 Is lender a financial institution? Lender address; City; State; Zip Code Interest rate
 Y N Maturity date

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Description of Collateral none Check if personal funds were deposited into political account

GUARANTOR INFORMATION not applicable Name of guarantor Amount Guaranteed (\$)
 Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions) Employer (See Instructions)

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

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 2	2 FILER NAME Henderson, Rand	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9.1.2014	5 Payee name Checks in the Mail	
6 Amount (\$) 59.07	7 Payee address; City; State; Zip Code 2435 Goodwin Lane, New Braunfels, TX 78135	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) Bank Checks <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 9.17.2014	Payee name Montgomery County Fair Association	
Amount (\$) 50.00	Payee address; City; State; Zip Code PO BOX 869, Conroe, TX 77305	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations Made By Candidate	Description (If travel outside of Texas, complete Schedule T) Annual Membership Dues <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 9.25.2014	Payee name River Plantation Country Club	
Amount (\$) 15.00	Payee address; City; State; Zip Code 550 Country Club Dr., Conroe, TX 77302	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations Made by Candidate	Description (If travel outside of Texas, complete Schedule T) Republican Women Luncheon <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 10.10.2014	Payee name GoDaddy.com	
Amount (\$) 82.54	Payee address; City; State; Zip Code 14455 North Hayden Rd., Suite 219, Scottsdale, AZ, 85260	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Website Domain and Email <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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 2	2 FILER NAME Henderson, Rand	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10.15.2014	5 Payee name Skeeter Hubert for Conroe ISD School Board Position 3
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6 Amount (\$) 20.00	7 Payee address; City; State; Zip Code 10200 Grogans Mill Rd., Suite 420, The Woodlands, TX 77380
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made by Candidate	(b) Description (If travel outside of Texas, complete Schedule T) Donation <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/6/2014	Payee name Lake Conroe Area Republican Women
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Amount (\$) 32.00	Payee address; City; State; Zip Code PO BOX 737, Montgomery, TX 77356
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations Made by Candidate	Description (If travel outside of Texas, complete Schedule T) Donation <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8.8.2014	Payee name Woodforest National Bank
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Amount (\$) 15.00	Payee address; City; State; Zip Code PO BOX 7889, The Woodlands, TX 77387
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Debit Card Setup Fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**INTEREST EARNED, OTHER CREDITS/GAINS/
REFUNDS, AND PURCHASE OF INVESTMENTS**

SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K: 1 of 1
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2 FILER NAME Henderson, Rand	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 08.08.2014	5 Name of person from whom amount is received Woodforest National Bank	8 Amount (\$) 15.00
	6 Address of person from whom amount is received; City; State; Zip Code PO BOX 7889, The Woodlands, TX 77387	

7 Purpose for which amount is received Debit Card Fee Refund		
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Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received		

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received		

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED