Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

FORM **COR-C/OH**

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 4	OFFICE USE ONLY Date Received
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: RICK FIRST: A MI: NICKNAME: BROWN LAST: SUFFIX:		
4 ORIGINAL REPORT TYPE	☐ January 15 ☒ July 15 ☐ 30th day before election ☐ 8th day before election ☐ Runoff ☐ Exceeded $500 limit ☐ 15th day after treasurer appointment (officeholder only) ☐ Final report ☐ Other (specify)		Date Hand-delivered or Date Postmarked Receipt # / Amount Legal / Totals Date Processed Date Imaged
5 ORIGINAL PERIOD COVERED	Month Day Year: 4/29/10 THROUGH Month Day Year: 6/30/10		

6 EXPLANATION OF CORRECTION

5-4-10 ENTRY ADD STREET ADDRESS 201 MARKET ST.

RECEIVED
CITY SECRETARY'S OFFICE
DATE: 9/20/2010
TIME: 8:44 a.m

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☑ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

DORIS J. SPEER
Notary Public, State of Texas
My Commission Expires
June 22, 2012

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by Rick A. Brown this the 20th day of September, 2010, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	Doris J. Speer	City Secretary

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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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): NA

2 Total pages filed: 3

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Rick | FIRST | MI: A
NICKNAME | LAST: Brown | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 13510 Country Ln Tomball, TX 77375

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION: (281) 686-0412

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Karen | FIRST | MI: R
NICKNAME | LAST: Brown | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 13510 Country Ln Tomball, TX 77375

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION: (713) 501-6282

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 $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year: 4 / 29 / 10 THROUGH Month Day Year: 6 / 30 / 10

11 ELECTION
ELECTION DATE Month Day Year: 5 / 8 / 10
ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE
OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): City Council Pos. #3

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••
Name: None
Address / PO Box; Apt. / Suite #; City; State; Zip Code
☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Rick Brown

16 ACCOUNT # (Ethics Commission Filers) N/A

17 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 50.00
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 50.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 63.39
4.	**TOTAL POLITICAL EXPENDITURES**	$ 706.99

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 263.76

OUTSTANDING LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ - 0 -

19 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.

BETSY B. GATES
Notary Public, State of Texas
My Commission Expires 03-09-2011

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RICK BROWN, this the 15 day of JULY, 20 10, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Betsy B. Gates	BETSY B. GATES	ASSIST. CITY SECRETARY

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME: Rick Brown

3 ACCOUNT # (Ethics Commission filers): NA

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5-5-10	Champion Donuts 701 E. Main St. Tomball, TX 77375	43.60

8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
donuts | kolaches for election day	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5-8-10	Gianni's Italian Kitchen 28301 Tomball Pkwy Tomball, TX 77375	500.00

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
election day celebration reception	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5-4-10	Tomball Business Association 201 MARKET ST. Tomball, TX	50.00

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
campaign dinner	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-3-10	Kristofer Brown 13510 Country Ln Tomball, TX 77375	50.00

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
sign collection, cleaning + storage	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED 643.60