

RECEIVED

CITY SECRETARY'S OFFICE

Austin, Texas 78711-2070

(512) 463-6800

1-800-325-8506

DATE: 9/20/2010

FORM COR-C/OH

TIME: 8:48 am

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 8		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST	MI	Date Received
		RICK		A.	
		NICKNAME	LAST	SUFFIX	
		Brown			
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report			Date Hand-delivered or Date Postmarked
					Receipt #
					Amount
					Legal
					Totals
5 ORIGINAL PERIOD COVERED		Month Day Year		Month Day Year	
		1 / 29 / 10		THROUGH 3 / 31 / 10	
					Date Processed
					Date Imaged

6 EXPLANATION OF CORRECTION

ADDITIONAL INFO ON PURPOSE OF PAYMENT

2-17-10 STICKER - HAND OUT TO PASTE ON

2-19-10 PRINTING - POSTCARDS

2-24-10 PRINTING + POSTAGE - MAILERS

2-27-10 M&M'S TO HAND OUT DURING CAMPAIGN

3-3-10 PRINTING SMALL PUSH CARDS

3-15-10 PRINTING - FLYERS

3-16-10 PRINTING - BROCHURES

3-17-10 PRINTING - POSTCARDS

REFRESHMENTS  
3-18-10 COOKIES + COFFEE MEET + GREET

3-24-10 PRINTING FLYERS

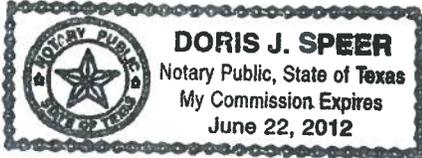
3-26-10 PRINTING FLYERS

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Rick A. Brown  
Signature of Candidate or Officeholder

Sworn to and subscribed before me by Rick A. Brown this the 20th day of September

20 10 to certify which, witness my hand and seal of office.

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

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



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Rick Brown 16 ACCOUNT # (Ethics Commission Filer) N/A

17 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 type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS  
  
EXPENDITURE TOTALS  
  
CONTRIBUTION BALANCE  
  
OUTSTANDING LOAN TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 20 <sup>00</sup>
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4080 <sup>00</sup>
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
4. TOTAL POLITICAL EXPENDITURES	\$ 3851.55
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 228.45
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.

Rick Brown  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RICK BROWN, this the 8 day of APRIL, 2010, to certify which, witness my hand and seal of office.

Betsy B. Gates Signature of officer administering oath  
BETSY B. GATES Printed name of officer administering oath  
ASSIST. CITY SECRETARY 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: <b>1</b>	
2 FILER NAME <b>Rick Brown</b>		3 ACCOUNT # (Ethics Commission file) <b>NA</b>	
4 Date <b>2-17-10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) _____ <b>Karen Brown</b> 6 Contributor address: City; State; Zip Code <b>13510 Country Ln Tomball, TX 77375</b>	7 Amount of contribution (\$) <b>60.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date <b>2-22-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) _____ <b>Mitchell Cappadona</b> Contributor address: City; State; Zip Code <b>12727 Zion Rd Tomball, TX 77375</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions) <b>Business Owner</b>		Employer (See instructions) <b>Mid-West Electric Co.</b>	
Date <b>2-22-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) _____ <b>Jeffie Cappadona</b> Contributor address: City; State; Zip Code <b>12727 Zion Rd. Tomball, TX 77375</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions) <b>Homemaker</b>		Employer (See instructions)	
Date <b>2-22-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) _____ <b>Sarah Stotts</b> Contributor address: City; State; Zip Code <b>12711 Zion Rd Tomball, TX 77375</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions) <b>Assistant Office Manager</b>		Employer (See instructions) <b>Mid-West Electric Co.</b>	
Date <b>2-22-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) _____ <b>Travis Stotts</b> Contributor address: City; State; Zip Code <b>12711 Zion Rd Tomball, TX 77375</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions) <b>Counter Sales Manager</b>		Employer (See instructions) <b>Summit Electric</b>	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <u>4</u>
2 FILER NAME <u>Rick Brown</u>		3 ACCOUNT # (Other Contribution Item) <u>NA</u>
4 Date <u>2-17-10</u>	5 Payee name <u>AD-mirations</u> 6 Payee address; City; State; Zip Code <u>31427 Bearing Star Ln Tomball, TX 77375</u>	7 Amount (\$) <u>110.<sup>00</sup></u>
8 Purpose of payment (See instructions regarding type of information required.) <u>stickers HAND OUT TO PASTE ON</u> (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <u>2-19-10</u>	Payee name <u>Kwik Kopy Printing #555</u> Payee address; City; State; Zip Code <u>1215-5 West Main St. Tomball, TX 77375</u>	Amount (\$) <u>448<sup>16</sup></u>
Purpose of payment (See instructions regarding type of information required.) <u>printing POST CARDS</u> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <u>2-24-10</u>	Payee name <u>Kwik Kopy Printing #555</u> Payee address; City; State; Zip Code <u>1215-5 West Main St. Tomball, TX 77375</u>	Amount (\$) <u>730<sup>22</sup></u>
Purpose of payment (See instructions regarding type of information required.) <u>printing + postage MAILERS</u> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <u>2-26-10</u>	Payee name <u>AD-mirations</u> Payee address; City; State; Zip Code <u>31427 Bearing Star Ln. Tomball, TX 77375</u>	Amount (\$) <u>108<sup>25</sup></u>
Purpose of payment (See instructions regarding type of information required.) <u>sign stakes</u> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <b>Rick Brown</b>		3 ACCOUNT # (Ethics Commission form)
4 Date <b>2-27-10</b>	5 Payee name <b>Target</b> 6 Payee address; City; State; Zip Code <b>14302 FM 2920 Tomball, TX 77375</b>	7 Amount (\$) <b>2241</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>M+M's candy TO HAND OUT DURING CAMPAIGN</b> (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Offshoreholder name Office sought Office held
Date <b>3-1-10</b>	Payee name <b>AD-mirations</b> Payee address; City; State; Zip Code <b>31427 Bearing Star Ln Tomball, TX 77375</b>	Amount (\$) <b>10825</b>
Purpose of payment (See instructions regarding type of information required.) <b>sign stakes</b> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Offshoreholder name Office sought Office held
Date <b>3-2-10</b>	Payee name <b>Tomball Magnolia Tribune</b> Payee address; City; State; Zip Code <b>517 West Main St. Tomball, TX 77375</b>	Amount (\$) <b>8400</b>
Purpose of payment (See instructions regarding type of information required.) <b>ads</b> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Offshoreholder name Office sought Office held
Date <b>3-3-10</b>	Payee name <b>Kwik Kopy Printing #555</b> Payee address; City; State; Zip Code <b>1215-S West Main St. Tomball, TX 77375</b>	Amount (\$) <b>3464</b>
Purpose of payment (See instructions regarding type of information required.) <b>printing SMALL PUSHERS</b> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Offshoreholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Rick Brown		3 ACCOUNT # (Ethics Commission Uses)
4 Date 3-5-10	5 Payee name AD-mirations 6 Payee address; City; State; Zip Code 31427 Bearing Star Ln Tomball, TX 77375	7 Amount (\$) 108 <sup>25</sup>
8 Purpose of payment (See instructions regarding type of information required.) sign stakes (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 3-15-10	Payee name Kwik Kopy Printing #555 Payee address; City; State; Zip Code 1215-5 West Main St. Tomball, TX 77375	Amount (\$) 17 <sup>32</sup>
Purpose of payment (See instructions regarding type of information required.) printing <b>FLYERS</b> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 3-16-10	Payee name Kwik Kopy Printing #555 Payee address; City; State; Zip Code 1215-5 West Main St. Tomball, TX 77375	Amount (\$) 666 <sup>84</sup>
Purpose of payment (See instructions regarding type of information required.) printing + postage (If travel outside of Texas, complete Schedule T) <b>BROCHURES</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 3-17-10	Payee name Kwik Kopy Printing #555 Payee address; City; State; Zip Code 1215-5 West Main St. Tomball, TX 77375	Amount (\$) 218 <sup>67</sup>
Purpose of payment (See instructions regarding type of information required.) printing <b>POST CARDS</b> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <b>Rick Brown</b>		3 ACCOUNT # (Ethics Commission form)
4 Date <b>3-18-10</b>	5 Payee name <b>Klein's Food + Pharmacy</b> 6 Payee address; City; State; Zip Code <b>1200 W. Main Tomball, TX 77375</b>	7 Amount (\$) <b>68<sup>83</sup></b>
8 Purpose of payment (See instructions regarding type of information required.) <b>refreshments COOKIES + COFFEE MEET + GREET</b> (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
4 Date <b>2-22-10</b>	5 Payee name <b>Push Productions</b> 6 Payee address; City; State; Zip Code <b>2380a Fm 2978 Ste A-1 Tomball, TX 77375</b>	7 Amount (\$) <b>1,055.<sup>34</sup></b>
8 Purpose of payment (See instructions regarding type of information required.) <b>yard signs</b> (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
4 Date <b>3-24-10</b>	5 Payee name <b>Kwik Kopy. Printing #555</b> 6 Payee address; City; State; Zip Code <b>1215-5 West Main St. Tomball, TX 77375</b>	7 Amount (\$) <b>69<sup>28</sup></b>
8 Purpose of payment (See instructions regarding type of information required.) <b>printing FLYERS</b> (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
4 Date <b>3-26-10</b>	5 Payee name <b>Kwik Kopy. Printing #555</b> 6 Payee address; City; State; Zip Code <b>1215-5 West Main St. Tomball, TX 77375</b>	7 Amount (\$) <b>51<sup>09</sup></b>
8 Purpose of payment (See instructions regarding type of information required.) <b>printing FLYERS</b> (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**