

# 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:  <b>6</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u>	FIRST <b>PRESTON</b>	MI <b>L</b>
	NICKNAME	LAST <b>DODSON</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>P.O. Box 1196 Tomball TX 77377</b>		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(281)</b>	PHONE NUMBER <b>351-4078</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / <u>MRS</u> / MR	FIRST <b>DOROTHY</b>	MI <b>C</b>
	NICKNAME	LAST <b>DODSON</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (ND PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>830 BAKER DR. Tomball TX 77375</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(281)</b>	PHONE NUMBER <b>351-4078</b>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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    THROUGH    Month Day Year <b>06 / 22 / 2010    THROUGH    07 / 14 / 2010</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>08 / 14 / 2010</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>CITY COUNCIL POSITION 5</b>	
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		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME PRESTON L. DODSON 16 ACCOUNT # (Ethics Commission Filers)

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.

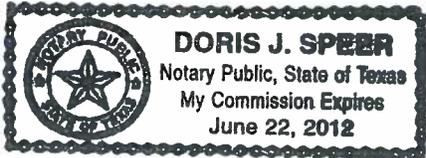
additional pages

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	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>ϕ</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3,960.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>ϕ</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,771.79</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,188.21</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>ϕ</u>

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.



Preston L. Dodson  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Preston L. Dodson, this the 15th day of July, 20 10, to certify which, witness my hand and seal of office.

Doris J. Speer  
Signature of officer administering oath

Doris J. Speer  
Printed name of officer administering oath

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>2</b>
2 FILER NAME <b>PRESTON L. DODSON</b>			3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>06/17/2010</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PRESTON L. DODSON</b>	7 Amount of contribution (\$) <b>1,000.00</b>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		10 Employer (See Instructions) <b>CLIFTON DODSON SORTINO, LLP</b>		
Date <b>06/30/2010</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GEORGE M. CLIFTON</b>	Amount of contribution (\$) <b>925.00</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>15203 MARLBONE CT, HOUSTON, TX 77069</b>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions) <b>CLIFTON DODSON SORTINO, LLP</b>		
Date <b>07/01/2010</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ANTHONY T. SORTINO</b>	Amount of contribution (\$) <b>835.00</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>13314 TIMBERWILDE CT, TOMBALL, TX 77375</b>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions) <b>CLIFTON DODSON SORTINO, LLP</b>		
Date <b>07/04/2010</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ELIZABETH H. STRAPULOS</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>19530 JUERGEN RD., TOMBALL TX 77377</b>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <b>EDUCATOR</b>		Employer (See Instructions)		
Date <b>07/08/2010</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LORI CAMPBELL</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>30911 CHELSIE PLACE MAGNOLIA, TX 77354</b>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) <b>AUCTIONEER</b>		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 FILER NAME <i>PRESTON L. DODSON</i>			3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>07/08/2010</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LEE GRAVES</i>		7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>24122 NORTH RIDING DR. TOMBALL, TX 77375</i>		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) <i>RETIRED</i>			10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

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**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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME PRESTON L. DODSON	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 06/24/2010	<b>5</b> Payee name KWIK KOPY PRINTING #555
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<b>6</b> Amount (\$) 68.20	<b>7</b> Payee address; City; State; Zip Code 1215-5 WEST MAIN ST. TOMBALL, TX 77375
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING - POSTCARDS	(b) Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 06/28/2010	Payee name KWIK KOPY PRINTING #555
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Amount (\$) 461.15	Payee address; City; State; Zip Code 1215-5 WEST MAIN ST. TOMBALL, TX 77375
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING - MAILER	Description (If travel outside of Texas, complete Schedule T)
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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 06/29/2010	Payee name KWIK KOPY PRINTING #555
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Amount (\$) 240.15	Payee address; City; State; Zip Code 1215-5 WEST MAIN ST. TOMBALL, TX 77375
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POSTAGE - BULK RATE	Description (If travel outside of Texas, complete Schedule T)
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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 06/29/2010	Payee name SIGNTEX
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Amount (\$) 357.00	Payee address; City; State; Zip Code 1225 ALMA, SUITE D TOMBALL, TX 77375
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SIGNS	Description (If travel outside of Texas, complete Schedule T)
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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

# 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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>PRESTON L. DODSON</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>07/12/2010</i>	<b>5</b> Payee name <i>KWIK KOPY PRINTING #555</i>	
<b>6</b> Amount (\$) <i>403.23</i>	<b>7</b> Payee address; City; State; Zip Code <i>1215-5 WEST MAIN ST. TOMBALL, TX 77375</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>PRINTING - BROCHURE</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>07/13/2010</i>	Payee name <i>KWIK KOPY PRINTING #555</i>	
Amount (\$) <i>242.06</i>	Payee address; City; State; Zip Code <i>1215-5 WEST MAIN ST. TOMBALL, TX 77375</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>POSTAGE - BULK RATE</i>	Description (If travel outside of Texas, complete Schedule T)
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 (If travel outside of Texas, complete Schedule T)
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 (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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