

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> MR	FIRST Preston MI L.	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME Dodson	LAST Dodson SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1196 Tomball TX 77377		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 351-4078	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> MR	FIRST Dorothy MI C.	
	NICKNAME Dodson	LAST Dodson SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 830 Baker Dr. Tomball TX 77375		
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 351-4078	EXTENSION
9 REPORT TYPE	<input 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 checked="" 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 07 / 15 / 2010 THROUGH 08 / 05 / 2010		
11 ELECTION	ELECTION DATE Month Day Year 08 / 14 / 2010	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) City Council Position 5	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	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		

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.

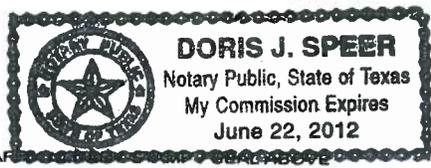
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>6,882.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,140.64</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3,741.36</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</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



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

Sworn to and subscribed before me, by the said Preston L. Dodson, this the 6th day of August, 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

Preston L. Dodson

3 ACCOUNT # (Ethics Commission Filers)

4 Date

07/19/2010

5 Full name of contributor out-of-state PAC (ID#:

Joyce A. Clifton

7 Amount of contribution (\$)

787.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

15203 Marlebone Ct., Houston TX
77069

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

07/19/2010

Full name of contributor out-of-state PAC (ID#:

Dino R Raci

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

209 Commerce St, Tomball TX
77375

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Restaurateur

Employer (See Instructions)

Date

07/19/2010

Full name of contributor out-of-state PAC (ID#:

Steve Jurechko

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

19226 Boquillas Canyon Dr
Tomball TX 77377

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Date

07/19/2010

Full name of contributor out-of-state PAC (ID#:

Turner Shell

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

20716 Cedar Lane
Tomball TX 77375

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

07/20/2010

Full name of contributor out-of-state PAC (ID#:

John Mottershaw

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2531 S. Cherry
Tomball TX 77375

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineer

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

2 FILER NAME

Preston L. Dodson

3 ACCOUNT # (Ethics Commission Filers)

4 Date

07/20/2010

5 Full name of contributor

out-of-state PAC (ID#: _____)

Lori A. Wallace

6 Contributor address; City; State; Zip Code

1821 S. Cherry
Tomball, TX 77375

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Sales

10 Employer (See Instructions)

Date

07/20/2010

Full name of contributor

out-of-state PAC (ID#: _____)

Vincent J. O'Donnell

Contributor address; City; State; Zip Code

1322 Dove Trails
Tomball, TX 77375

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Date

07/20/2010

Full name of contributor

out-of-state PAC (ID#: _____)

Rodney Hutson

Contributor address; City; State; Zip Code

9431 Rosire Ln, Ste 100
Magnolia, TX 77354

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Date

07/20/2010

Full name of contributor

out-of-state PAC (ID#: _____)

Helen J. Sortino

Contributor address; City; State; Zip Code

13314 Timberwilde Ct
Tomball, TX 77375

Amount of contribution (\$)

835.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8/3/2010

Full name of contributor

out-of-state PAC (ID#: _____)

Ed Archer

Contributor address; City; State; Zip Code

8215 Hayden Cove Dr.
Tomball TX 77375

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Construction

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 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: 3		2 FILER NAME PRESTON L. DODSON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/20/2010		5 Payee name GIANNA ITALIAN KITCHEN			
6 Amount (\$) 300.33		7 Payee address; City; State; Zip Code 28301 TOMBALL PARKWAY TOMBALL, TX 77375			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 07/22/2010		Payee name KWIK-KOPY TOMBALL			
Amount (\$) 19.49		Payee address; City; State; Zip Code 1215-5 WEST MAIN TOMBALL, TX 77375			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SIGNS		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 07/23/2010		Payee name KWIK-KOPY TOMBALL			
Amount (\$) 229.49		Payee address; City; State; Zip Code 1215-5 WEST MAIN TOMBALL, TX 77375			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING -POSTCARDS		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 07/23/2010		Payee name U S P S			
Amount (\$) 140.00		Payee address; City; State; Zip Code 122 HOLDERRIETH BLVD. TOMBALL, TX 77375			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) POSTAGE		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	

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: 3	2 FILER NAME PRESTON L. DODSON	3 ACCOUNT # (Ethics Commission Filers)
4 Date 07/24/2010	5 Payee name USPS	
6 Amount (\$) 70.00	7 Payee address; City; State; Zip Code 122 HOLDERRIETH BLVD. TOMBALL, TX 77375	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) POSTAGE	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/26/2010	Payee name KWIK-KOPY TOMBALL	
Amount (\$) 230.36	Payee address; City; State; Zip Code 1215-5 WEST MAIN TOMBALL, TX 77375	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING - BROCHURE	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 07/26/2010	Payee name KWIK-KOPY TOMBALL	
Amount (\$) 19.49	Payee address; City; State; Zip Code 1215-5 WEST MAIN TOMBALL, TX 77375	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SIGNS	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 07/27/2010	Payee name KWIK-KOPY TOMBALL	
Amount (\$) 239.11	Payee address; City; State; Zip Code 1215-5 WEST MAIN TOMBALL, TX 77375	
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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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.

1 Total pages Schedule F: 3	2 FILER NAME PRESTON L. DODSON	3 ACCOUNT # (Ethics Commission Filers)
4 Date 07/28/2010	5 Payee name KWIK-KOPY TOMBALL	
6 Amount (\$) 65.38	7 Payee address; City; State; Zip Code 1215-5 WEST MAIN TOMBALL, TX 77375	
8 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)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/28/2010	Payee name USPS	
Amount (\$) 25.20	Payee address; City; State; Zip Code 122 HOLDERRIETH BLVD. TOMBALL, TX 77375	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POSTAGE	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 07/30/2010	Payee name GREATER TOMBALL AREA CHAMBER	
Amount (\$) 30.00	Payee address; City; State; Zip Code P.O. Box 516 TOMBALL, TX 77377	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED