

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 9		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR MR	FIRST Preston	MI L.	Date Received
		NICKNAME Dodson	LAST	SUFFIX	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked
		<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt #
		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Amount
		<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Legal
5 ORIGINAL PERIOD COVERED		Month Day Year	Month Day Year	Date Processed	
		07 / 15 / 2010	THROUGH 08 / 05 / 2010	Date Imaged	

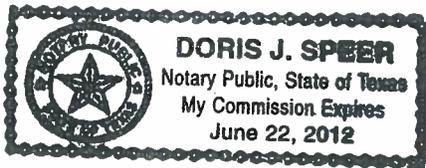
6 EXPLANATION OF CORRECTION

Showed cumulative contributions & Expenses on Pg 2 of Second Report. Revised to reflect the 07/15/2010 through 08/05/2010 period.

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.

Preston L. Dodson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Preston L. Dodson this the 16th 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

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

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Account #.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an account number. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

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"/> FIRST MI Preston L.	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Doddson		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1196 Tomball TX 77377		Date Received
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 351-4078	Receipt #	Amount
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI Dorothy C.	Date Processed	
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 PHONE NUMBER EXTENSION (281) 351-4078		
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 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)

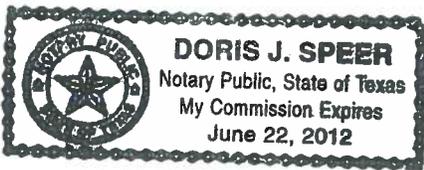
17 NOTICE FROM POLITICAL COMMITTEE(S)

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>2,922.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,368.85</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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Preston L. Dodson, this the 16th day of August, 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:

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 Mottershua

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

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1821 S. Cherry
Tomball, TX 77375

(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

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1322 Dove Trails
Tomball, TX 77375

(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

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

9431 Rosie Ln, Ste 100
Magnolia, TX 77354

(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

Amount of contribution (\$)

835.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

13314 Timberwild Ct
Tomball, TX 77375

(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

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8215 Hayden Cove Dr.
Tomball TX 77375

(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)
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4 Date 07/20/2010	5 Payee name GIANNA ITALIAN KITCHEN
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6 Amount (\$) 300.33	7 Payee address; City; State; Zip Code 28301 TOMBALL PARKWAY TOMBALL, TX 77375
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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)
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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 07/22/2010	Payee name KWIK-KOPY TOMBALL
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Amount (\$) 19.49	Payee address; City; State; Zip Code 1215-5 WEST MAIN 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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Date 07/23/2010	Payee name KWIK-KOPY TOMBALL
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Amount (\$) 229.49	Payee address; City; State; Zip Code 1215-5 WEST MAIN TOMBALL, TX 77375
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING - POSTCARDS	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 07/23/2010	Payee name USPS
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Amount (\$) 140.00	Payee address; City; State; Zip Code 122 HOLDERRIETH BLVD. TOMBALL, TX 77375
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POSTAGE	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.

1 Total pages Schedule F: 3	2 FILER NAME PRESTON L. DODSON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 07/24/2010	5 Payee name USPS
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6 Amount (\$) 70.00	7 Payee address; City; State; Zip Code 122 HOLDERRIETH BLVD. TOMBALL, TX 77375
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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)
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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 07/26/2010	Payee name KWIK-KOPY TOMBALL
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Amount (\$) 230.36	Payee address; City; State; Zip Code 1215-5 WEST MAIN TOMBALL, TX 77375
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING - BROCHURE	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 07/26/2010	Payee name KWIK-KOPY TOMBALL
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Amount (\$) 19.49	Payee address; City; State; Zip Code 1215-5 WEST MAIN 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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Date 07/27/2010	Payee name KWIK-KOPY TOMBALL
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Amount (\$) 239.11	Payee address; City; State; Zip Code 1215-5 WEST MAIN 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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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)
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4 Date 07/28/2010	5 Payee name KWIK-KOPY TOMBALL
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6 Amount (\$) 65.38	7 Payee address; City; State; Zip Code 1215-5 WEST MAIN TOMBALL, TX 77375
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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)
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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 07/28/2010	Payee name USPS
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Amount (\$) 25.20	Payee address; City; State; Zip Code 122 HOLDERRIETH BLVD. TOMBALL, TX 77375
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POSTAGE	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 07/30/2010	Payee name GREATER TOMBALL AREA CHAMBER
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Amount (\$) 30.00	Payee address; City; State; Zip Code P.O. Box 516 TOMBALL, TX 77377
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	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	Payee name
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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)
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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