

RECEIVED

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-6800

1-800-325-8506

CITY SECRETARY'S OFFICE

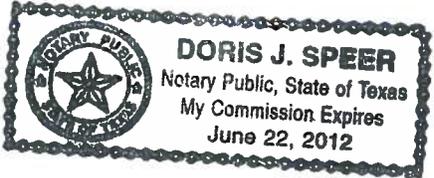
FORM COR-C/OH

DATE: 9-20-2010 CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER TIME: 3:20 P.M.

Form sections 1-6: ACCOUNT #, Total pages filed: 9, CANDIDATE / OFFICEHOLDER NAME (Preston L. Dodson), ORIGINAL REPORT TYPE (8th day before election), ORIGINAL PERIOD COVERED (07/15/2010 THROUGH 08/05/2010), EXPLANATION OF CORRECTION.

6 EXPLANATION OF CORRECTION: Reversed to reflect full name of the United States Postal Service as a payee and to provide a description of expenses incurred at Gianna Italian kitchen and Greater Tomball Area Chamber of Commerce. Also corrected the name of Greater Tomball Area Chamber of Commerce.

7 AFFIDAVIT: I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable: [X] 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.



Signature of Candidate or Officeholder: Preston L. Dodson

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Preston L. Dodson this the 20th day of September

20 10 to certify which, witness my hand and seal of office. Signature of officer administering oath: Doris J. Speer, Title of officer administering oath: City Secretary

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 REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Preston L. Dodson 16 ACCOUNT # (Ethics Commission Filers)

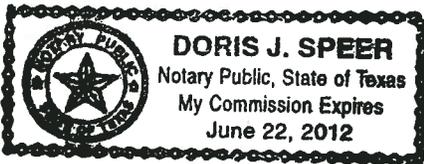
17 NOTICE FROM POLITICAL COMMITTEE(S)

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. Dobson

3 ACCOUNT # (Ethics Commission Filers)

4 Date

07/19/2010

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

Joyce A. Clifton

6 Contributor address; City; State; Zip Code

15203 Marlebone Ct., Houston TX
77069

7 Amount of contribution (\$)

787.00

8 In-kind contribution description (if applicable)

(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

Contributor address; City; State; Zip Code

209 Commerce St, Tomball TX
77375

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)

Restaurateur

Employer (See Instructions)

Date

07/19/2010

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

Steve Jurechko

Contributor address; City; State; Zip Code

19226 Boquillas Canyon Dr.
Tomball TX 77377

Amount of contribution (\$)

150.00

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

07/19/2010

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

Turner Shell

Contributor address; City; State; Zip Code

20716 Cedar Lane
Tomball TX 77375

Amount of contribution (\$)

100.00

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

07/20/2010

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

John Mottersham

Contributor address; City; State; Zip Code

2581 S. Cherry
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)

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 Timberwillow 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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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 |
|-------------------------|--|

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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) Food/Beverage - fundraising |
|--------------------------|---|--|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY 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 ONLY 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 |
|-----------------------|---|

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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) |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------------|--|
| Date 07/23/2010 | Payee name USPS United States Postal Service |
|--------------------|--|

| | |
|-----------------------|--|
| 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 ONLY 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 United States Postal Service | |
| 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 ONLY 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 ONLY 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 ONLY 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 Expenses |
| 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 United States Postal Service | |
| 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) Parade Entry Fee |
| 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