

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:

5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Preston L.
NICKNAME LAST SUFFIX
Dodson

OFFICE USE ONLY

Date Received
5/6/2011
11:23A

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
PO Box 1196
Tomball TX 77377

Date Hand-delivered or Postmarked
5/6/2011

change of address

Receipt # Amount

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 351-4078

Date Processed
5/6/2011

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Dorothy C.
NICKNAME LAST SUFFIX
Dodson

Date Imaged
5/6/2011

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

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
04 / 14 / 2011 THROUGH 05 / 05 / 2011

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
05 / 14 / 2011 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
City Council, Per. 5

13 OFFICE SOUGHT (if known)

City Council, Per. 5

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

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.

<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>950.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2494.33</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>382.29</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 6th day of May, 20 11, 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: 1

2 FILER NAME

Preston L. Dodson

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/20/2011

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

Gary L. Smith

6 Contributor address; City; State; Zip Code

31422 Rigel Court
Tomball TX 77375

7 Amount of contribution (\$)

250⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/20/2011

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

Rodney K. Hutson, MD

Contributor address; City; State; Zip Code

9431 Rosie Lane
Magnolia TX 77354

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/2011

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

Lori A. Wallace

Contributor address; City; State; Zip Code

1821 S. Cherry
Tomball TX 77375

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

1/2 of cost of meet + greet for 2 candidates at Gianna's Italian Kitchen

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23/2011

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

George F. Strapulus

Contributor address; City; State; Zip Code

19530 Juergen Rd
Tomball TX 77377

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/2011

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

Charles R. Stevens

Contributor address; City; State; Zip Code

25611 Bridle Creek Dr. N.
Magnolia TX 77355

Amount of contribution (\$)

300⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

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 | Potting 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: 2	2 FILER NAME Preston L. Dodson	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 04/18/2011	5 Payee name United States Post Office
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6 Amount (\$) 264.29	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) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Postage - Bulk Rate
	Candidate / Officeholder name	Office sought Office held

9 Complete ONLY if direct expenditure to benefit C/OH

Date 4/18/2011	Payee name Kwik Kopy Printing #555
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Amount (\$) 411.35	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 Expense	Description (If travel outside of Texas, complete Schedule T) Postcards
	Candidate / Officeholder name	Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

Date 4/26/2011	Payee name United States Post Office
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Amount (\$) 275.39	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) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Postage - Bulk Rate
	Candidate / Officeholder name	Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

Date 4/26/2011	Payee name Kwik Kopy Printing #555
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Amount (\$) 792.93	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 Expense	Description (If travel outside of Texas, complete Schedule T) Tri-fold - mailout
	Candidate / Officeholder name	Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH

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: 2	2 FILER NAME Preston L. Dodson	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/28/2011	5 Payee name United States Post Office
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6 Amount (\$) 232.00	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) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Stamps for Postcards
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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 4/28/2011	Payee name Tomball Magnolia Tribune
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Amount (\$) 222.00	Payee address; City; State; Zip Code 517 W. Main Tomball TX 77375
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Exp.	Description (If travel outside of Texas, complete Schedule T) Newspaper Ad.
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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 4/29/2011	Payee name Kwik Kopy Printing # 555
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Amount (\$) 238³⁷	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 Expense	Description (If travel outside of Texas, complete Schedule T) Postcards
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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 4/29/2011	Payee name United States Post Office
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Amount (\$) 58.00	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) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Stamps for Postcards
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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