

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: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST Preston MI L. NICKNAME LAST SUFFIX Dodson	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address		Date Received 7/15/11 9:20 AM	
5 CANDIDATE / OFFICEHOLDER PHONE		Date Hand-delivered or Postmarked 7/15/11	
6 CAMPAIGN TREASURER NAME		Receipt # Amount	
7 CAMPAIGN TREASURER ADDRESS (residence or business)		Date Processed 7/15/11	
8 CAMPAIGN TREASURER PHONE		Date Imaged 7/15/11	
9 REPORT TYPE			
10 PERIOD COVERED			
11 ELECTION			
12 OFFICE		13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS			

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

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

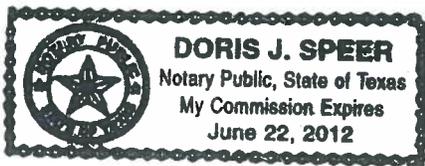
17 NOTICE FROM POLITICAL COMMITTEE(S)

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>490.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>363.05</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>419.24</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 15th day of July, 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: <i>1</i>	
2 FILER NAME <i>Preston L. Dodson</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>05/06/2011</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Preston L. Dodson</i>	7 Amount of contribution (\$) <i>200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>B30 Baker Dr Tomball TX 77375</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>05/11/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Mottershaw</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2531 S. Cherry St. Tomball TX 77375</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/14/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pat Bailey</i>	Amount of contribution (\$) <i>90.00</i>	In-kind contribution description (if applicable) <i>Electron Day Kaleches, Donuts Juice, fruit cups napkins</i>
Contributor address; City; State; Zip Code <i>1319 Dove Trails Tomball TX 77375</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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 | 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: <i>1</i>	2 FILER NAME <i>Preston L. Dodson</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>05/06/2011</i>	5 Payee name <i>Tomball Magnolia Tribune</i>	
6 Amount (\$) <i>302.00</i>	7 Payee address; City; State; Zip Code <i>517 W. Main Tomball TX 77375</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Exp</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign Ad.</i>
	Candidate / Officeholder name	Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

Date <i>5/10/2011</i>	Payee name <i>Kwik-Kopy Tomball</i>	
Amount (\$) <i>61.05</i>	Payee address; City; State; Zip Code <i>1215-5 West Main Tomball TX 77375</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Exp.</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Postcards</i>
	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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)
	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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)
	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED