

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

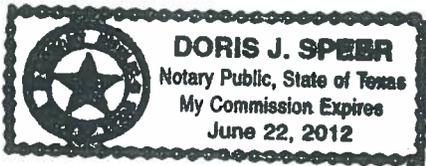
1 ACCOUNT #		2 Total pages filed: <u>3</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <u>(MR)</u>	FIRST <u>Preston</u>	MI <u>L.</u>	Date Received <u>6/6/11</u> <u>9:38 AM</u>	
	NICKNAME	LAST <u>Dodson</u>	SUFFIX	Date Hand-delivered or Postmarked <u>6/6/11</u>	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	Amount
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Date Processed <u>6/6/11</u>	Date Imaged <u>6/6/11</u>
5 ORIGINAL PERIOD COVERED	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report			
Month Day Year		THROUGH		Month Day Year	
<u>01 / 01 / 2011</u>				<u>04 / 13 / 2011</u>	

6 EXPLANATION OF CORRECTION

*To more fully describe the category and description of political expenditures*

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 6th day of June.

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

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

# 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: <b>2</b>	2 FILER NAME <b>Preston L. Dodson</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>02/25/2011</b>	5 Payee name <b>Signtex Outdoor</b>
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6 Amount (\$) <b>59.54</b>	7 Payee address: City: State: Zip Code <b>1225 Alma, Suite D Tomball, TX 77375</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>"RE-" Stickers for Campaign Signs</b>
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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 <b>03-18-2011</b>	Payee name <b>Signtex Outdoor</b>
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Amount (\$) <b>386.45</b>	Payee address: City: State: Zip Code <b>1225 Alma, Suite D Tomball TX 77375</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Campaign Signs</b>
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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 <b>03-28-2011</b>	Payee name <b>Signtex Outdoor</b>
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Amount (\$) <b>460.16</b>	Payee address: City: State: Zip Code <b>1225 Alma, Suite D Tomball TX 77375</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Campaign Signs + Stakes</b>
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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 <b>04-12-2011</b>	Payee name <b>Kwik Kopy Printing # 555</b>
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Amount (\$) <b>248.63</b>	Payee address: City: State: Zip Code <b>1215-5 West Main St. Tomball TX 77375</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Postcards - Campaign</b>
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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

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| 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: <b>2</b>	2 FILER NAME <b>Preston L. Dodson</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>04-12-2011</b>	5 Payee name <b>United States Post Office</b>
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6 Amount (\$) <b>264.29</b>	7 Payee address; City; State; Zip Code <b>122 Holderrieth Blvd. Tomball TX 77375</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Other - Postage</b> <del>Printing Expense</del>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Postage - Bulk Rate</b>
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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	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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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)
------------------------	--	---

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

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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