

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 3		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <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)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report			
5 ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year			
	<u>04 / 14 / 2011</u>	THROUGH <u>05 / 05 / 2011</u>			
		Receipt #		Amount	
		Date Processed		<u>6/6/11</u>	
		Date imaged		<u>6/6/11</u>	

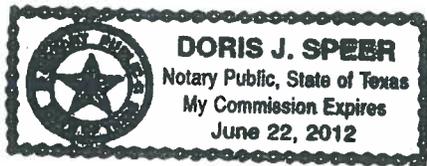
6 EXPLANATION OF CORRECTION

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

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

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: 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 Other - Postage	(b) Description (If travel outside of Texas, complete Schedule T) Postage - Bulk Rate
	Candidate / Officeholder name	Office sought

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 Other - Postage	Description (If travel outside of Texas, complete Schedule T) Postage - Bulk Rate
	Candidate / Officeholder name	Office sought

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

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: 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) Other - Postage	(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. - Campaign
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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 (\$) 238.32	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 - Campaign
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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) Other - Postage	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED