

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: <u>4</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) _____		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt # _____ Amount _____	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed <u>6/6/11</u>	
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Imaged <u>6/6/11</u>	
5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year		
	<u>07/15/2010</u>		<u>08/05/2010</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, 2011 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 | 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 - Postage	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Postage
9 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 (\$) 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 - EXPENSE BROCHURE	Description (If travel outside of Texas, complete Schedule T) Campaign Brochure
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 Advertising Exp.	Description (If travel outside of Texas, complete Schedule T) Campaign Signs
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 Other - POSTAGE	Description (If travel outside of Texas, complete Schedule T) Campaign Postage
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 Expens. |
| 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)
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4 Date 07/28/2010	5 Payee name KWIK-KOPY TOMBALL
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6 Amount (\$) 65.38	7 Payee address; City: State: Zip Code 1215-5 WEST MAIN TOMBALL, TX 77375
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING - POSTAGE EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Postcards
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/28/2010	Payee name USPS United States Postal Service
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Amount (\$) 25.20	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) POSTAGE Other - Postage	Description (If travel outside of Texas, complete Schedule T) Campaign Postage
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 07/30/2010	Payee name GREATER TOMBALL AREA CHAMBER
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Amount (\$) 30.00	Payee address; City: State: Zip Code P O Box 516 TOMBALL, TX 77377
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/02/2010	Payee name HEB
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Amount (\$) 86.64	Payee address; City: State: Zip Code 28520 Tomball Parkway Tomball TX 77375
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Cookies & Coffee for Event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)

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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			
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 Advertising Exp.		Description (If travel outside of Texas, complete Schedule T) Campaign Signs	
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			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) Campaign Postcards	
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 Other - Postage		Description (If travel outside of Texas, complete Schedule T) Campaign Postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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