

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

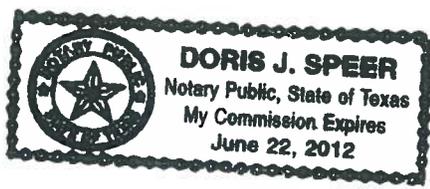
1 ACCOUNT #		2 Total pages filed: <u>8</u>		OFFICE USE ONLY				
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST	MI	Date Received			
			<u>Preston</u>	<u>L</u>	Received—City Secretary Office			
		NICKNAME	LAST	SUFFIX	Date: <u>1/12/11</u>			
			<u>Dodson</u>		Time: <u>11:12 AM</u>			
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election			Date Hand-delivered or Date Postmarked			
		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report			<u>1/12/11</u>			
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year	
		<u>07</u>	<u>15</u>	<u>2010</u>	THROUGH	<u>08</u>	<u>05</u>	<u>2010</u>
		Receipt #		Amount				
		Legal		Totals				
		Date Processed		Date Imaged				
		<u>1/12/11</u>		<u>1/12/11</u>				

6 EXPLANATION OF CORRECTION

Revised to include an additional expense of ~~the~~ \$86.64

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 12th day of January

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

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST Preston MI L. NICKNAME LAST SUFFIX Doddson	OFFICE USE ONLY Date Received Received - City Secretary Office Date: <u>1/12/11</u> Time: <u>11:12 AM</u> Date Hand-delivered or Date Postmarked <u>1/12/11</u> Receipt # Amount Date Processed <u>1/12/11</u> Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE PO Box 1196 Tomball TX 77377		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 351-4078		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST Dorothy E. MI NICKNAME LAST SUFFIX Doddson		
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	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/15/2010 08/05/2010		
11 ELECTION	ELECTION DATE Month Day Year 08/14/2010	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council Position 5	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	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		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2922.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1455.49

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 3654.72

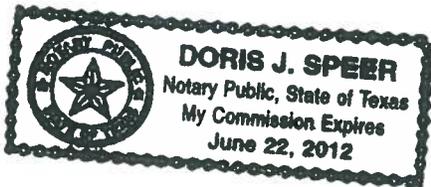
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Preston L. Dodson

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Preston L. Dodson, this the 12th day of January, 20 10, to certify which, witness my hand and seal of office.

Naini Brown
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:
2

2 FILER NAME

Preston L. Dodson

3 ACCOUNT # (Ethics Commission Filers)

4 Date

07/19/2010

5 Full name of contributor out-of-state PAC (ID#: _____)
Joyce A. Clifton

6 Contributor address; City; State; Zip Code
**15203 Marlebone Ct., Houston TX
77069**

7 Amount of contribution (\$)

787.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)
Retired

10 Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

07/19/2010

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

Contributor address; City; State; Zip Code
**209 Commerce St, Tomball TX
77375**

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Restaurateur

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

07/19/2010

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

Contributor address; City; State; Zip Code
**19226 Boquillas Canyon Dr.
Tomball TX 77377**

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Sales

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

07/19/2010

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

Contributor address; City; State; Zip Code
**20716 Cedar Lane
Tomball TX 77375**

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

07/20/2010

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

Contributor address; City; State; Zip Code
**2581 S. Cherry
Tomball TX 77375**

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Engineer

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

Preston L. Dodson

3 ACCOUNT # (Ethics Commission Filers)

4 Date

07/20/2010

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

Lori A. Wallace

6 Contributor address: City: State: Zip Code

1821 S. Cherry
Tomball, TX 77375

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Sales

10 Employer (See Instructions)

Date

07/20/2010

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

Vincent J. O'Donnell

Contributor address: City: State: Zip Code

1322 Dove Trails
Tomball, TX 77375

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Date

07/20/2010

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

Rodney Hutson

Contributor address: City: State: Zip Code

9431 Rosire Ln, Ste 100
Magnolia, TX 77354

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Date

07/20/2010

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

Helen J. Sorino

Contributor address: City: State: Zip Code

13314 Timberwilde Ct
Tomball, TX 77375

Amount of contribution (\$)

835.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

8/3/2010

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

Ed Archer

Contributor address: City: State: Zip Code

8215 Hayden Cove Dr.
Tomball TX 77375

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Construction

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 | 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: 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		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	
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 - POSTCARDS		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	
Date 07/23/2010		Payee name USA 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		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	

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: 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	(b) Description (If travel outside of Texas, complete Schedule T)
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 - BROCHURE	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
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	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
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	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

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: 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- POSTCARDS	(b) Description (If travel outside of Texas, complete Schedule T)
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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 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	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 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 ONLY 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 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