

# CORRECTION AFFIDAVIT FOR POLITICAL COMMITTEE

**FORM COR-PAC**

<b>1</b>	ACCOUNT # 00025855	<b>2</b>	PAGE # 1 of 10
<b>3</b>	COMMITTEE NAME Dawnna Dukes Campaign	<b>OFFICE USE ONLY</b>	
<b>4</b>	TREASURER NAME FIRST MI LAST Dukes, Ateja	Date Received	
<b>5</b>	ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Other (specify) _____	Date Hand-delivered or Date Postmarked	
<b>6</b>	ORIGINAL PERIOD COVERED Month Day Year      Month Day Year 09/29/2006      THROUGH      10/28/2006	Receipt #	Amount
		Legal	Totals
		Date Processed	
		Date Imaged	

**7** EXPLANATION OF CORRECTION  
Corrected Credit card purchase detailed in this report

**8** 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.

Ateja Dukes \_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
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**



# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE & TOTALS

# FORM SPAC COVER SHEET PG 2

**12 COMMITTEE NAME** Dawнна Dukes Campaign

**ACCOUNT #** (Ethics Commission filers)  
00025855

**13 COMMITTEE PURPOSE**

(Attach lists on plain paper to complete this report if necessary.)

CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

SUPPORT  
(Candidate or Measure)

BALLOT IDENTIFICATION / #

ELECTION DATE  
Month Day Year

OPPOSE  
(Candidate or Measure)

ASSIST  
(Officeholder only)

MEASURE

DESCRIPTION

**14 CONTRIBUTION TOTALS**

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

\$ 0.00

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

\$ 8,250.00

**EXPENDITURE TOTALS**

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

\$ 34.00

4. TOTAL POLITICAL EXPENDITURES

\$ 2,807.92

**CONTRIBUTION BALANCE**

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

\$ 13,691.87

**OUTSTANDING LOAN TOTALS**

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

\$ 0.00

**15 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.

Ateja Dukes

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 4/10	
2 FILER NAME Dawinna Dukes Campaign		3 ACCOUNT # (Ethics Commission filers) 00025855	
4 Date  10/24/2006	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00060103 ) BP North America Employee PAC  6 Contributor address; City; State; Zip Code 4101Winfield Rd - 106D Warrenville, IL 60555	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  10/10/2006	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00142596 ) Compass Bancshares, Inc. PAC - Texas  Contributor address; City; State; Zip Code 15 South 20th Street Suite 1802 Birmingham, AL 35233	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/20/2006	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00064774 ) FPL PAC Multi Candidate PAC  Contributor address; City; State; Zip Code 700 Universe Blvd. Juno Beach, FL 33408	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/13/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ ) HOMEPAC of Texas  Contributor address; City; State; Zip Code 313 EAst 12th STreet Suite 210 Austin, TX 78701	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/13/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ ) HomePAC Personal-Home Builders Assoc of Greater Austin  Contributor address; City; State; Zip Code 7952 Anderson Square Austin, TX 78757	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3 Report: 5/10	
2 FILER NAME Dawнна Dukes Campaign		3 ACCOUNT # (Ethics Commission filers) 00025855	
4 Date  10/20/2006	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00097485 ) Merck PAC  6 Contributor address; City; State; Zip Code 601 Pennsylvania Avenue, NW North Building Suite 1200 Washington, DC 20004	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  09/30/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RECA - Good Government PAC  Contributor address; City; State; Zip Code 98 San Jacinto Suite 180 Austin, TX 78701	Amount of contribution (\$)  \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/24/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TREPAC- Texas Association of Realtors PAC  Contributor address; City; State; Zip Code P.O. Box 1986 Austin, TX 78767-1986	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/10/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WATson, Kirk  Contributor address; City; State; Zip Code P.O. Box 2004 Austin, TX 78768	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lawyer		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Candidate for Senate	
Date  10/10/2006	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# _____) Wyeth Good Government Fund  Contributor address; City; State; Zip Code Five Giralda Farms Madison, NJ 07940	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 3/3 Report: 6/10

**2** FILER NAME Dawнна Dukes Campaign

**3** ACCOUNT # (Ethics Commission filers)  
00025855

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
09/30/2006 ZACOPAC

**7** Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

.....  
**6** Contributor address; City; State; Zip Code  
310 S. St. Mary's St.  
Suite 2400  
San Antonio, TX 78205

\$500.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

# POLITICAL EXPENDITURES

## SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 1/4 Report: 7/10
<b>2</b> FILER NAME    Dawinna Dukes Campaign		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00025855
<b>4</b> Date  10/24/2006	<b>5</b> Payee name AT&T  <b>6</b> Payee address;            City; State; Zip Code ..... P.O.Box 630047 Dallas, TX 75263	<b>7</b> Amount (\$)  \$235.01
<b>8</b> Purpose of payment (See instructions regarding type of information required.) capitol office phone service:two months  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/24/2006	Payee name AT&T  Payee address;            City; State; Zip Code ..... P.O.Box 630047 Dallas, TX 75263	Amount (\$)  \$46.90
Purpose of payment (See instructions regarding type of information required.) campaign office phone service  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/24/2006	Payee name Chevron  Payee address;            City; State; Zip Code ..... PO Box 572490 Murray, UT 84157-9820	Amount (\$)  \$150.00
Purpose of payment (See instructions regarding type of information required.) gas  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/21/2006	Payee name City of Austin Utilities  Payee address;            City; State; Zip Code ..... P. O. Box 2267 Austin, TX 78768-2267	Amount (\$)  \$143.59
Purpose of payment (See instructions regarding type of information required.) campaign office utilities  <b>(If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 2/4 Report: 8/10
<b>2</b> FILER NAME Dawnna Dukes Campaign		<b>3</b> ACCOUNT # (Ethics Commission filers) 00025855
<b>4</b> Date  10/26/2006	<b>5</b> Payee name Doubletree Austin  <b>6</b> Payee address; City; State; Zip Code ..... 303 W 15th St. Austin, TX 78701	<b>7</b> Amount (\$)  \$114.52
<b>8</b> Purpose of payment (See instructions regarding type of information required.) constituent meals  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/24/2006	Payee name Houston's Restaurant  Payee address; City; State; Zip Code ..... 2408 W Anderson Ln Austin, TX 78757	Amount (\$)  \$54.61
Purpose of payment (See instructions regarding type of information required.) constituent meals  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/05/2006	Payee name Kinko's  Payee address; City; State; Zip Code ..... 3300 Bee Caves Rd. # 715 Austin, TX 78746	Amount (\$)  \$153.57
Purpose of payment (See instructions regarding type of information required.) copying/printing  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/01/2006	Payee name Office Max  Payee address; City; State; Zip Code ..... P.O. Box 9020 Des Moines, IA 50368-9020	Amount (\$)  \$153.39
Purpose of payment (See instructions regarding type of information required.) office supplies: printer cartridges and paper  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 3/4 Report: 9/10
<b>2 FILER NAME</b> Dawnna Dukes Campaign		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00025855
<b>4 Date</b>  10/05/2006	<b>5 Payee name</b> Postmaster  <b>6 Payee address; City; State; Zip Code</b> 8225 Cross Park Drive Austin, TX 78710-9651	<b>7 Amount (\$)</b>  \$82.00
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) mail postage  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>Date</b>  09/30/2006	<b>Payee name</b> Romano's Macaroni Grill  <b>Payee address; City; State; Zip Code</b> 9828 Great Hills Trl Austin, TX 78759	<b>Amount (\$)</b>  \$125.44
<b>Purpose of payment</b> (See instructions regarding type of information required.) constituent meals  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>Date</b>  10/24/2006	<b>Payee name</b> TEXACO  <b>Payee address; City; State; Zip Code</b> Processing Center Des Moines, IA 50359-0001	<b>Amount (\$)</b>  \$250.00
<b>Purpose of payment</b> (See instructions regarding type of information required.) gas  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>Date</b>  10/08/2006	<b>Payee name</b> The Links Inc. Foundation  <b>Payee address; City; State; Zip Code</b> 1001 Congress Suite 400 Austin, TX 78701	<b>Amount (\$)</b>  \$140.00
<b>Purpose of payment</b> (See instructions regarding type of information required.) Harlem Night Gala Tickets  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 4/4 Report: 10/10
<b>2</b> FILER NAME    Dawinna Dukes Campaign		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00025855
<b>4</b> Date  09/30/2006	<b>5</b> Payee name Uhaul - Storage  ..... <b>6</b> Payee address;            City; State; Zip Code 1032 E. 46th St. Austin, TX 78751	<b>7</b> Amount (\$)  \$269.93
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Campaign Storage Rental: Jun-Jul  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/07/2006	Payee name Uhaul - Storage  ..... Payee address;            City; State; Zip Code 1032 E. 46th St. Austin, TX 78751	Amount (\$)  \$404.90
Purpose of payment (See instructions regarding type of information required.) Storage: Aug, Sep, Oct. 2006  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/30/2006	Payee name Worley Printing  ..... Payee address;            City; State; Zip Code 3217 N. IH 35 Austin, TX 78722	Amount (\$)  \$272.25
Purpose of payment (See instructions regarding type of information required.) graduation certificates  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/24/2006	Payee name Z-Tejas  ..... Payee address;            City; State; Zip Code 1110 W 6th St Austin, TX 78703	Amount (\$)  \$177.81
Purpose of payment (See instructions regarding type of information required.) constituent meals  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held: