

# CORRECTION AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

<b>1</b>	ACCOUNT # 00025855	<b>2</b>	PAGE # 1 of 19
<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 checked="" 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 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 10/29/2006      THROUGH      12/31/2006	Receipt #	Amount
		Legal	Totals
		Date Processed	
		Date Imaged	
<b>7</b>	EXPLANATION OF CORRECTION Corrected credit card purchase descriptions		
<b>8</b>	AFFIDAVIT <p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.</p> <p>Check ONLY if applicable:</p> <p><input checked="" type="checkbox"/> 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.</p> <p style="text-align: right;">Ateja Dukes _____ Signature of Campaign Treasurer</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me by _____ this the ____ day of _____, 20____, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath</p>		

**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** Dawnna 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)

\$ 28,250.00

**EXPENDITURE TOTALS**

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 6,099.07

**CONTRIBUTION BALANCE**

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

\$ 37,466.36

**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: 1/9 Report: 4/19	
2 FILER NAME Dawнна Dukes Campaign		3 ACCOUNT # (Ethics Commission filers) 00025855	
4 Date  12/07/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) A&M PAC  6 Contributor address; City; State; Zip Code PO Box 684609 Austin, TX 78768-4609	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  12/08/2006	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00040279 ) Abbott Laboratories Employee PAC  Contributor address; City; State; Zip Code 100 Abbott Park Rd Abbott Park, IL 60064-6028	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  12/08/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ACC Capitol Holdings - PAC  Contributor address; City; State; Zip Code 1001 Congress Austin, TX 78701	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/31/2006	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00011114 ) AFSCME - AFL-CIO  Contributor address; City; State; Zip Code 1625 L.St. N.W. Washington, DC 20036	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/31/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Altrica Group Inc. Texas PAC  Contributor address; City; State; Zip Code 1005 Congress Ave Suite 850 Austin, TX 78701	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: 2/9 Report: 5/19	
2 FILER NAME Dawinna Dukes Campaign		3 ACCOUNT # (Ethics Commission filers) 00025855	
4 Date  11/16/2006	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00279455 ) AZ PAC  6 Contributor address; City; State; Zip Code 1800 Concord Pike PO Box 15438 Wilmington, DE 19850-5438	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"/>	
10 Employer (See Instructions)			
Date  12/04/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BG Distribution Partners PAC  Contributor address; City; State; Zip Code 8045 Northcourt Rd Houston, TX 77040	Amount of contribution (\$)  \$3,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  12/04/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bickerstaff, Heath, Pollan & Caroom, L.L.P.  Contributor address; City; State; Zip Code 816 Congress Ave, Suite 1700 Austin, TX 78701-2443	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Law Firm		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  12/04/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown McCarroll PAC  Contributor address; City; State; Zip Code 111 Congress Suite 1400 Austin, TX 78701	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) law firm		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  11/16/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Butts, Charles C.  Contributor address; City; State; Zip Code 335 King William San Antonio, TX 78204	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner/Officer		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) HEB			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/9 Report: 6/19	
2 FILER NAME Dawnna Dukes Campaign		3 ACCOUNT # (Ethics Commission filers) 00025855	
4 Date  12/07/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cantey Hanger PAC  6 Contributor address; City; State; Zip Code 400 W. 15th St. Suite 200 Austin, TX 78701	7 Amount of contribution (\$)  \$250.00	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"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  12/04/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Capelo, Jaime  Contributor address; City; State; Zip Code 401 West 15th St. Suite 870 Austin, TX 78701	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) self		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Jaime Capelo, P.C.	
Date  11/16/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Capitol Anesthesiology Association  Contributor address; City; State; Zip Code 3705 Medical Parkway Suite 570 Austin, TX 78705-1024	Amount of contribution (\$)  \$500.00	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  12/04/2006	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <u>C00384818</u> ) CareMark  Contributor address; City; State; Zip Code 1300 I Street NW Suite 525 West Washington, DC 20005	Amount of contribution (\$)  \$500.00	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  12/08/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chris Bell Campaign  Contributor address; City; State; Zip Code 6524 San Felipe PMB #441 Houston, TX 77057	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) self/candidate		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Chris Bell Campaign	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/9 Report: 7/19	
2 FILER NAME Dawнна Dukes Campaign		3 ACCOUNT # (Ethics Commission filers) 00025855	
4 Date  11/10/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deloitte and Touche Texas PAC  6 Contributor address; City; State; Zip Code PO Box 13042 Austin, TX 78711	7 Amount of contribution (\$)  \$1,000.00	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"/>	
10 Employer (See Instructions)			
Date  12/04/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) EZCorp Inc PAC  Contributor address; City; State; Zip Code 1901 Capitol Pkwy Austin, TX 77040	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  12/04/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fulbright & Jaworski LLP Texas Committee  Contributor address; City; State; Zip Code 1301 McKinney Suite 5100 Houston, TX 77010	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  11/10/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gardere Wynne Sewell LLP Campaign Fund  Contributor address; City; State; Zip Code 1601 Elm St. Suite 3000 Dallas, TX 75201	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  11/15/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Glazer, R. L.  Contributor address; City; State; Zip Code P.O. Box 809013 Dallas, TX 75380-9013	Amount of contribution (\$)  \$3,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) officer		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions) The Glazer Companies			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/9 Report: 8/19	
2 FILER NAME Dawнна Dukes Campaign		3 ACCOUNT # (Ethics Commission filers) 00025855	
4 Date  12/08/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grande Communications Networks, Inc. PAC  6 Contributor address; City; State; Zip Code 401 Carlson Circle San Marcos, TX 78666	7 Amount of contribution (\$)  \$1,000.00	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"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  12/04/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graydon Group LLC  Contributor address; City; State; Zip Code 1001 Congress Ave Suite 400 Austin, TX 78701	Amount of contribution (\$)  \$500.00	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  11/10/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gulf States Toyota Inc. State PAC  Contributor address; City; State; Zip Code 109 N. Post Oak Lane No. 600 Houston, TX 77024	Amount of contribution (\$)  \$500.00	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  12/07/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hall, John  Contributor address; City; State; Zip Code 8600 Young Ln. Austin, TX 78737	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Hall Consulting	
Date  12/04/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hicks, R. Steven  Contributor address; City; State; Zip Code 600 Congress Ave Suite 1400 Austin, TX 78701-3234	Amount of contribution (\$)  \$750.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) TriSun HealthCare	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/9 Report: 9/19	
2 FILER NAME Dawнна Dukes Campaign		3 ACCOUNT # (Ethics Commission filers) 00025855	
4 Date  12/04/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HOSPAC - State: The TX Hospital Assoc.  6 Contributor address; City; State; Zip Code PO Box 15587 Austin, TX 78761-5587	7 Amount of contribution (\$)  \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  12/08/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lloyd Gosselink Blevins Rochelle & Townsend, P.C.  Contributor address; City; State; Zip Code 816 Congress Ave Suite 1900 Austin, TX 78701	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  12/08/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pediatric Dentists Political Action Committee  Contributor address; City; State; Zip Code 11149 Research Blvd Suite 270 Austin, TX 78759	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  12/08/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PharmPAC  Contributor address; City; State; Zip Code 1624 East Anderson Lane P.O. Box 14709 Austin, TX 78761	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/16/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pinnacle Consultants, L.P. MSO Disbursement  Contributor address; City; State; Zip Code 13601 Preston Rd Suite 900 W Dallas, TX 75240	Amount of contribution (\$)  \$250.00	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: 7/9 Report: 10/19	
2 FILER NAME Dawinna Dukes Campaign		3 ACCOUNT # (Ethics Commission filers) 00025855	
4 Date  12/08/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Power/Energy PAC of TXU Corp  6 Contributor address; City; State; Zip Code 1601 Bryan St. Dallas, TX 75201	7 Amount of contribution (\$)  \$750.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  12/04/2006	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00344663 ) REsCare Advocacy Fund  Contributor address; City; State; Zip Code 10140 Linn Station Rd Louisville, KY 40223	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  12/08/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Round Rock PAC  Contributor address; City; State; Zip Code PO Box 250 Round Rock, TX 78680	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  12/08/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shipton, Patricia  Contributor address; City; State; Zip Code 919 Congress Avenue Suite 1030 Austin, TX 78701	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Gov. Affairs Consultant		Employer (See Instructions) Self	
Date  12/08/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Credit Union League PAC  Contributor address; City; State; Zip Code 1122 Colorado St. Suite 1307 Austin, TX 78701	Amount of contribution (\$)  \$300.00	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: 8/9 Report: 11/19	
2 FILER NAME Dawonna Dukes Campaign		3 ACCOUNT # (Ethics Commission filers) 00025855	
4 Date  12/04/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Deer Association PAC  6 Contributor address; City; State; Zip Code 403 E Ramsey San Antonio, TX 78216	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  12/08/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas DENPAC  Contributor address; City; State; Zip Code 1946 S IH 35 Suite 400 Austin, TX 78704-3644	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  12/08/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Health Care Association PAC  Contributor address; City; State; Zip Code PO Box 4554 Austin, TX 78765	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  11/16/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Optometry PAC  Contributor address; City; State; Zip Code 1104 West Ave Austin, TX 78701	Amount of contribution (\$)  \$800.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/31/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Podiatric Medical Assoc. - PAC  Contributor address; City; State; Zip Code 918 Congress Ave. Suite 200 Austin, TX 78701	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 9/9 Report: 12/19	
<b>2</b> FILER NAME    Dawinna Dukes Campaign		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00025855	
<b>4</b> Date  12/04/2006	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas State Teachers Associations - PAC  ..... <b>6</b> Contributor address;    City;    State;    Zip Code 316 West 12th Austin, TX 78701	<b>7</b> Amount of contribution (\$)  \$500.00	<b>8</b> In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  12/04/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Trial Lawyers Association  ..... Contributor address;    City;    State;    Zip Code 1220 Colorado Austin, TX 78701-1878	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Director of Public Affairs		Employer (See Instructions) James W. Fields	
Date  12/04/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TMHA PAC  ..... Contributor address;    City;    State;    Zip Code 816 Congress Ave #940 Austin, TX 78701	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  12/04/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TSA-PAC  ..... Contributor address;    City;    State;    Zip Code 401 W. 15th St. Suite 990 Austin, TX 78701	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Society of Anesthesiologist PAC	
Date  12/08/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Verizon Good Government Club  ..... Contributor address;    City;    State;    Zip Code 701 Brazos Suite 600 Austin, TX 78701	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL EXPENDITURES

## SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 1/7 Report: 13/19
<b>2</b> FILER NAME    Dawinna Dukes Campaign		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00025855
<b>4</b> Date  12/18/2006	<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 (\$)  \$96.43
<b>8</b> 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"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/18/2006	Payee name AT&T  Payee address;            City; State; Zip Code ..... P.O.Box 630047 Dallas, TX 75263	Amount (\$)  \$113.78
Purpose of payment (See instructions regarding type of information required.) capitol 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  12/26/2006	Payee name AT&T  Payee address;            City; State; Zip Code ..... P.O.Box 630047 Dallas, TX 75263	Amount (\$)  \$117.66
Purpose of payment (See instructions regarding type of information required.) capitol office phone service/dsl  <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  12/19/2006	Payee name Baby Acapulco  Payee address;            City; State; Zip Code ..... 13609 N. I-35 austin, TX 78753	Amount (\$)  \$145.24
Purpose of payment (See instructions regarding type of information required.) staff holiday luncheon  <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: 2/7 Report: 14/19
<b>2</b> FILER NAME    Dawinna Dukes Campaign		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00025855
<b>4</b> Date  12/12/2006	<b>5</b> Payee name Chevron  ..... <b>6</b> Payee address;            City; State; Zip Code PO Box 572490 Murray, UT 84157-9820	<b>7</b> Amount (\$)  \$305.91
<b>8</b> Purpose of payment (See instructions regarding type of information required.) gas  (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  12/27/2006	Payee name Chevron  ..... Payee address;            City; State; Zip Code PO Box 572490 Murray, UT 84157-9820	Amount (\$)  \$254.58
Purpose of payment (See instructions regarding type of information required.) gas  (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  12/01/2006	Payee name Cingular Wireless  ..... Payee address;            City; State; Zip Code P. O. Box 650574 Dallas, TX 78202-0771	Amount (\$)  \$199.10
Purpose of payment (See instructions regarding type of information required.) Nov Cellular phone  (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  11/01/2006	Payee name City of Austin Utilities  ..... Payee address;            City; State; Zip Code P. O. Box 2267 Austin, TX 78768-2267	Amount (\$)  \$50.51
Purpose of payment (See instructions regarding type of information required.) camp. utilities  (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: 3/7 Report: 15/19
<b>2 FILER NAME</b> Dawnna Dukes Campaign		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00025855
<b>4 Date</b>  11/29/2006	<b>5 Payee name</b> City of Austin Utilities <hr/> <b>6 Payee address;            City; State; Zip Code</b> P. O. Box 2267 Austin, TX 78768-2267	<b>7 Amount (\$)</b>  \$48.78
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) camp. utilities  (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:
Date  12/20/2006	Payee name City of Austin Utilities <hr/> Payee address;            City; State; Zip Code P. O. Box 2267 Austin, TX 78768-2267	Amount (\$)  \$49.25
Purpose of payment (See instructions regarding type of information required.) camp. utilities  (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  11/05/2006	Payee name El Chile Cafe Y Cantina <hr/> Payee address;            City; State; Zip Code 1809 Manor Rd Austin, TX 78722	Amount (\$)  \$100.26
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  12/08/2006	Payee name El Chile Cafe Y Cantina <hr/> Payee address;            City; State; Zip Code 1809 Manor Rd Austin, TX 78722	Amount (\$)  \$61.76
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:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 4/7 Report: 16/19
<b>2</b> FILER NAME Dawnna Dukes Campaign		<b>3</b> ACCOUNT # (Ethics Commission filers) 00025855
<b>4</b> Date  11/21/2006	<b>5</b> Payee name Matt's El Rancho  <b>6</b> Payee address; City; State; Zip Code 2613 S Lamar Blvd Austin, TX 78704	<b>7</b> Amount (\$)  \$112.74
<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  12/08/2006	Payee name Mexican-American Legislative Caucus  Payee address; City; State; Zip Code 1005 Congress Ave. # 420 Austin, TX 78701	Amount (\$)  \$300.00
Purpose of payment (See instructions regarding type of information required.) 2007 Dues  (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  11/17/2006	Payee name NAACP - Austin Branch  Payee address; City; State; Zip Code 1704 EAST 12TH STREET Austin, TX 78702	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) DeWitty/Overton Banquet  (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  12/19/2006	Payee name OfficeMax  Payee address; City; State; Zip Code P.O. Box 9020 Des Moines, IA 50368-9020	Amount (\$)  \$429.00
Purpose of payment (See instructions regarding type of information required.) Mailer and Certificate Supplies  (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</b> PAGE # Schedule: 5/7 Report: 17/19
<b>2</b> FILER NAME    Dawnna Dukes Campaign		<b>3</b> ACCOUNT #    (Ethics Commission filers) 00025855
<b>4</b> Date  12/12/2006	<b>5</b> Payee name Party City Round Rock  ..... <b>6</b> Payee address;            City; State; Zip Code 2601 S Ih 35 # D Round Rock, TX 78664	<b>7</b> Amount (\$)  \$168.80
<b>8</b> Purpose of payment (See instructions regarding type of information required.) table cloths and decor for session opening constituent reception  (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  12/15/2006	Payee name Sam's Club  ..... Payee address;            City; State; Zip Code P. O. Box 4596 Carol Streams, IL 60197	Amount (\$)  \$481.52
Purpose of payment (See instructions regarding type of information required.) cups, napkins, utensils, coffee, soft drinks, creamer, office supplies for session/capitol ofc  (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  12/27/2006	Payee name Schlieff, Barbara  ..... Payee address;            City; State; Zip Code PO Box 11644 Austin, TX 78711	Amount (\$)  \$53.00
Purpose of payment (See instructions regarding type of information required.) photo reproduction  (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  12/12/2006	Payee name TEXACO  ..... Payee address;            City; State; Zip Code Processing Center Des Moines, IA 50359-0001	Amount (\$)  \$307.40
Purpose of payment (See instructions regarding type of information required.) gas  (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**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 6/7 Report: 18/19
<b>2</b> FILER NAME Dawnna Dukes Campaign		<b>3</b> ACCOUNT # (Ethics Commission filers) 00025855
<b>4</b> Date  12/27/2006	<b>5</b> Payee name TEXACO  <b>6</b> Payee address; City; State; Zip Code Processing Center Des Moines, IA 50359-0001	<b>7</b> Amount (\$)  \$278.40
<b>8</b> Purpose of payment (See instructions regarding type of information required.) gas  (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  12/14/2006	Payee name Texas House Democratic Caucus  Payee address; City; State; Zip Code PO Box 12453 Capitol Station Austin, TX 78711-2453	Amount (\$)  \$1,000.00
Purpose of payment (See instructions regarding type of information required.) 2007 Dues  (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  11/26/2006	Payee name The Ambassadors Planning Committee  Payee address; City; State; Zip Code 6929 Airport Blvd., Suite 100 Austin, TX 78752	Amount (\$)  \$700.00
Purpose of payment (See instructions regarding type of information required.) Banquet table  (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  11/15/2006	Payee name Travis County Democratic Party  Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) e-day young democrats outreach program  (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

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 7/7 Report: 19/19

**2** FILER NAME Dawnna Dukes Campaign

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

**4** Date  
  
12/08/2006

**5** Payee name  
Uhaul - Storage

.....

**6** Payee address; City; State; Zip Code  
1032 E. 46th St.  
Austin, TX 78751

**7** Amount (\$)  
  
\$124.95

**8** Purpose of payment (See instructions regarding type of information required.)  
Storage: Nov 2006

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held: