

CORRECTION AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1	ACCOUNT # 00025855	2	PAGE # 1 of 10
3	COMMITTEE NAME Dawnna Dukes Campaign	OFFICE USE ONLY	
4	TREASURER NAME FIRST MI LAST Dukes, Ateja	Date Received	
5	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 checked="" 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	
6	ORIGINAL PERIOD COVERED Month Day Year Month Day Year 07/01/2006 THROUGH 09/28/2006	Receipt #	Amount
		Legal	Totals
		Date Processed	
		Date Imaged	
7	EXPLANATION OF CORRECTION		
8	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 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
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13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder only)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME	
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / #	ELECTION DATE Month Day Year
		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)	\$ 10,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 42.69
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,442.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,219.94
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: 1/2 Report: 4/10	
2 FILER NAME Dawinna Dukes Campaign		3 ACCOUNT # (Ethics Commission filers) 00025855	
4 Date 09/06/2006	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00199703) GlaxoSmithKline PAC 6 Contributor address; City; State; Zip Code Five Moore Drive P.O. Box 13358 Res. Triangle Park, NC 27709	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 07/24/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lake PAC Contributor address; City; State; Zip Code 711 Mariner Lakeway, TX 78734-4342	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/21/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perry, Robert J. (Mr.) Contributor address; City; State; Zip Code P.O. Box 34153 Houston, TX 77234	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Developer/Builder		Employer (See Instructions) Self-employed	
Date 09/06/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, Marc A. (Mr.) Contributor address; City; State; Zip Code 305 W. 13th St. Austin, TX 78701	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Lobbyist		Employer (See Instructions) Marc A. Rodrigues Governmental Affairs	
Date 09/21/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Apartment Association PAC Contributor address; City; State; Zip Code 1011 San Jacinto Blvd., Ste 600 Austin, TX 78701	Amount of contribution (\$) \$750.00	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: 2/2 Report: 5/10

2 FILER NAME Dawнна Dukes Campaign

3 ACCOUNT # (Ethics Commission filers)
00025855

4 Date **5** Full name of contributor out-of-state PAC (ID# _____)
09/21/2006 Texas Farm Bureа AGFund Inc.

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

Contributor address; City; State; Zip Code
P.O. Box 2689
Waco, TX 76702-2689

\$500.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
09/21/2006 TSCPA/Political Action Committee

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
14861 Dallas Parkway
Suite 700
Dallas, TX 75254

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# C00093054)
08/18/2006 WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNME

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
702 SW 8th Street
Bentonville, AR 72716-0150

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
07/24/2006 Wells Fargo Bank of Texas PAC

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
16414 San Pedro, Sutie 800
San Antonio, TX 78232

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/5 Report: 6/10
2 FILER NAME Dawinna Dukes Campaign		3 ACCOUNT # (Ethics Commission filers) 00025855
4 Date 08/03/2006	5 Payee name AT&T 6 Payee address; City; State; Zip Code P.O.Box 630047 Dallas, TX 75263	7 Amount (\$) \$121.86
8 Purpose of payment (See instructions regarding type of information required.) capitol phone service (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 08/03/2006	Payee name AT&T Payee address; City; State; Zip Code P.O.Box 630047 Dallas, TX 75263	Amount (\$) \$46.47
Purpose of payment (See instructions regarding type of information required.) campaign office phone service (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 08/31/2006	Payee name AT&T Payee address; City; State; Zip Code P.O.Box 630047 Dallas, TX 75263	Amount (\$) \$47.24
Purpose of payment (See instructions regarding type of information required.) campaign office phone service (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 08/31/2006	Payee name AT&T Payee address; City; State; Zip Code P.O.Box 630047 Dallas, TX 75263	Amount (\$) \$114.39
Purpose of payment (See instructions regarding type of information required.) capitol office phone service (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: 2/5 Report: 7/10
2 FILER NAME Dawnna Dukes Campaign		3 ACCOUNT # (Ethics Commission filers) 00025855
4 Date 08/26/2006	5 Payee name Austin Tejano Democrats 6 Payee address; City; State; Zip Code 5704 Shoal Creak Blvd Austin, TX 78757	7 Amount (\$) \$150.00
8 Purpose of payment (See instructions regarding type of information required.) Gonzalo & Emma Barrientos Appreciation Event Honoring (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 07/10/2006	Payee name Chevron Payee address; City; State; Zip Code PO Box 572490 Murray, UT 84157-9820	Amount (\$) \$132.28
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 09/14/2006	Payee name Chevron Payee address; City; State; Zip Code PO Box 572490 Murray, UT 84157-9820	Amount (\$) \$269.10
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 08/03/2006	Payee name Cingular Wireless Payee address; City; State; Zip Code P. O. Box 650574 Dallas, TX 78202-0771	Amount (\$) \$176.13
Purpose of payment (See instructions regarding type of information required.) cellular services (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: 3/5 Report: 8/10
2 FILER NAME Dawnna Dukes Campaign		3 ACCOUNT # (Ethics Commission filers) 00025855
4 Date 09/08/2006	5 Payee name Cingular Wireless 6 Payee address; City; State; Zip Code P. O. Box 650574 Dallas, TX 78202-0771	7 Amount (\$) \$208.02
8 Purpose of payment (See instructions regarding type of information required.) July Cellular phone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/25/2006	Payee name Cingular Wireless Payee address; City; State; Zip Code P. O. Box 650574 Dallas, TX 78202-0771	Amount (\$) \$462.70
Purpose of payment (See instructions regarding type of information required.) Aug. & Sept. 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 07/24/2006	Payee name City of Austin Utilities Payee address; City; State; Zip Code P. O. Box 2267 Austin, TX 78768-2267	Amount (\$) \$52.83
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 08/31/2006	Payee name City of Austin Utilities Payee address; City; State; Zip Code P. O. Box 2267 Austin, TX 78768-2267	Amount (\$) \$50.47
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

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/5 Report: 9/10
2 FILER NAME Dawinna Dukes Campaign		3 ACCOUNT # (Ethics Commission filers) 00025855
4 Date 09/22/2006	5 Payee name City of Austin Utilities <hr/> 6 Payee address; City; State; Zip Code P. O. Box 2267 Austin, TX 78768-2267	7 Amount (\$) \$51.55
8 Purpose of payment (See instructions regarding type of information required.) camp. utilities (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/15/2006	Payee name OfficeMax <hr/> Payee address; City; State; Zip Code P.O. Box 9020 Des Moines, IA 50368-9020	Amount (\$) \$300.00
Purpose of payment (See instructions regarding type of information required.) Office 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:
Date 07/24/2006	Payee name SHell Oil <hr/> Payee address; City; State; Zip Code Austin, TX 78660	Amount (\$) \$56.71
Purpose of payment (See instructions regarding type of information required.) gasoline (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 07/06/2006	Payee name TEXACO <hr/> Payee address; City; State; Zip Code Processing Center Des Moines, IA 50359-0001	Amount (\$) \$52.81
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.

1 PAGE #
Schedule: 5/5 Report: 10/10

2 FILER NAME Dawnna Dukes Campaign

3 ACCOUNT # (Ethics Commission filers)
00025855

4 Date	5 Payee name TEXACO	7 Amount (\$)
07/11/2006	6 Payee address; City; State; Zip Code Processing Center Des Moines, IA 50359-0001	\$46.61

8 Purpose of payment (See instructions regarding type of information required.) gas (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name TEXACO	Amount (\$)
09/15/2006	Payee address; City; State; Zip Code Processing Center Des Moines, IA 50359-0001	\$60.47

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:
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