

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

| | | | | | |
|---|--|---|---|--|--|
| 1 ACCOUNT # | | 2 Total pages filed: 5 | | OFFICE USE ONLY | |
| 3 CANDIDATE / OFFICEHOLDER NAME David A. (Dave) Neumann | | MS / MRS / MR DAVID A. | FIRST DAVE | MI | Date Received 2009 MAR 13 PM 12:29 |
| | | NICKNAME | LAST NEUMANN | SUFFIX | CITY SECRETARIAT DALLAS TEXAS |
| 4 ORIGINAL REPORT TYPE | | <input type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other (specify) | Date Hand-delivered or Date Postmarked |
| | | <input checked="" type="checkbox"/> July 15 | <input type="checkbox"/> Exceeded \$500 limit | | Receipt # |
| | | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) | | Legal |
| | | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Final report | | Amount |
| 5 ORIGINAL PERIOD COVERED | | Month Day Year | THROUGH | Month Day Year | Totals |
| | | 01 / 01 / 2008 | | 06 / 30 / 2008 | |

6 EXPLANATION OF CORRECTION
Reallocation of contributions

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.

AFFIX NOTARY STAMP / SEAL ABOVE

Tom A Neumann
Signature of Candidate or Officeholder

Sworn to and subscribed before me by **Dave Neumann** this the **13th** day of **March**.

20 **09** to certify which, witness my hand and seal of office.

Rose Ann Jones **Rose Ann Jones** **Notary**
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

**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:

4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
David A. (Dave) Neumann
NICKNAME LAST SUFFIX

OFFICE USE ONLY

Date Received

Date Hand Delivered Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE
PO Box 560166
Dallas, TX 75356

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 951-0939

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Charlie Tupper
NICKNAME LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
1154 N. Windomere, Dallas, TX 75208

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 720-2099

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
01 01 / 2008 THROUGH 06 30 / 2008

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
/ / Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
Dallas City Council - Prec 3

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** 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

additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME David A. (Dave) Neumann 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

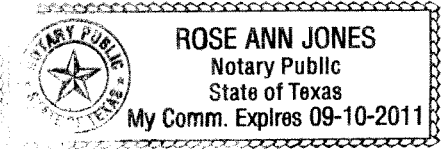
.. This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

| | | |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|-------------------------|---|-------------------------|
| 18 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ - |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 78,630 ⁰⁰ |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ - |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 16,737 ¹⁵ |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 34,378 ⁹⁴ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 11,000 ⁰⁰ |

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

David A. Neumann
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said David Neumann, this the 13th day of March, 2009, to certify which, witness my hand and seal of office.

Rose Ann Jones
Signature of officer administering oath

Rose Ann Jones
Printed name of officer administering oath

Notary
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 David A. (Dave) Neumann | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 3/14/08 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady Wood | 7 Amount of contribution (\$) (\$1000) | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City; State; Zip Code 5238 Edmondson Ave. Dallas, TX 75209 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 3/14/08 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megan Wood | Amount of contribution (\$) \$1000 | In-kind contribution description (if applicable) |
| Contributor address: City; State; Zip Code 5238 Edmondson Ave. Dallas, TX 75209 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 6/2/08 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray D. Roberts | Amount of contribution (\$) (\$1000) | In-kind contribution description (if applicable) |
| Contributor address: City; State; Zip Code 2136 Chinn Rd. Denton, TX 76207 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 6/2/08 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda M. Roberts | Amount of contribution (\$) \$1000 | In-kind contribution description (if applicable) |
| Contributor address: City; State; Zip Code 2136 Chinn Rd. Denton, TX 76207 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 4/18/08 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall Guss | Amount of contribution (\$) (\$1000) | In-kind contribution description (if applicable) |
| Contributor address: City; State; Zip Code 9863 Rockbrook Dallas, TX 75220 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS FORM 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 FILER NAME **3** ACCOUNT # (Ethics Commission filers)
 David A. (Dave) Neumann

4 Date **5** Full name of contributor out-of-state PAC (ID#: _____)
 4/14/08 **Kricket Goss**
6 Contributor address; City; State; Zip Code
 9863 Rockbrook
 Dallas, TX 75220
7 Amount of contribution (\$) **8** In-kind contribution description (if applicable)
 \$ 1000
 (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#: _____)
 Contributor address; City; State; Zip Code
 Amount of contribution (\$) In-kind contribution description (if applicable)
 (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#: _____)
 Contributor address; City; State; Zip Code
 Amount of contribution (\$) In-kind contribution description (if applicable)
 (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#: _____)
 Contributor address; City; State; Zip Code
 Amount of contribution (\$) In-kind contribution description (if applicable)
 (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#: _____)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

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