

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 5 pages		OFFICE USE ONLY Date Received: _____ Date Hand delivered or Date Postmarked: _____			
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST			MI	NICKNAME
			Dain				Johnson
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)			
		<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit				
		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)				
		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report				
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year
		07	01	08	THROUGH	12	31 / 08

6 EXPLANATION OF CORRECTION

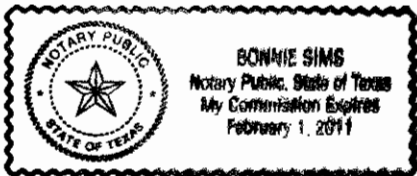
After reviewing the C/OH for the above dated report, there was an omission on page two, section 17, number 6. The total principal amount of all outstanding loans as of the last date of the reporting period was \$2,260.70. The report, as filed, indicated a zero balance which is incorrect.

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.



Signature of Candidate or Officeholder: *Dain Johnson*

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Dain Johnson this the 7 day of July, 2009 to certify which, witness my hand and seal of office.

Bonnie Sims
Signature of officer administering oath

Bonnie Sims
Printed name of officer administering oath

Notary Public
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) 00000001	2 PAGE # 1 of 4
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Dain	OFFICE USE ONLY
	NICKNAME LAST SUFFIX Johnson	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 307 West Main Ave Round Rock, TX 78664	Date Received
	Date Hand-delivered or Date Postmarked	

5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX	Receipt #	Amount
	Date Processed		Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
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7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION
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8 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			

9 PERIOD COVERED	Month Day Year 07/01/2008	THROUGH	Month Day Year 12/31/2008
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10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE		
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General

11 OFFICE OFFICE HELD (if any) Justice of the Peace District 1	12 OFFICE SOUGHT (if known)
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13 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

14 C/OH NAME Johnson, Dain (Mr.)

15 ACCOUNT # (Ethics Commission filers)
00000001

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	250.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	250.00
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CONTRIBUTION BALANCE

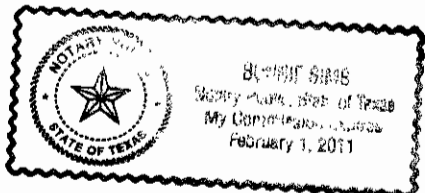
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	65.44
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,260.70
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18 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

Dain Johnson
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Dain Johnson, this the 7 day of July, 2009, to certify which, witness my hand and seal of office.

Bonnie Sims
Signature of officer administering oath

Bonnie Sims
Print name of officer administering oath

Notary Public
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: 1/1 Report: 3/4

2 FILER NAME Johnson, Dain (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date
08/02/2008

5 Full name of contributor out-of-state PAC (ID# _____)
Allan, Havey : 527 Sarazen Loop S. Georgetown, Harvey (Mr.)

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

\$250.00

6 Contributor address; City; State; Zip Code
527 Sarazen Loop South
Georgetown, TX 78626

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

POLITICAL EXPENDITURES

SCHEDULE F

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

1 PAGE #
Schedule: 1/1 Report: 4/4

2 FILER NAME Johnson, Dain (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

08/07/2008

5 Payee name
Johnson, Dain (Mr.)
.....
6 Payee address; City; State; Zip Code
307 West Main Ave
Round Rock, TX 78664

7 Amount
(\$)

\$250.00

8 Purpose of payment (See instructions regarding type of information required.)
Pay back personal loan

(If travel outside of Texas, complete Schedule T)

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

Office sought:
Office held: