

CORRECTED FINANCIAL STATEMENT AND GOOD-FAITH AFFIDAVIT

Attach Any Part of Your Financial Statement Form Needed to Report and Explain Corrections

Filer Name (First, MI, Last) DAN PATRICK	Account # 00057897
Address (P.O. Box or Street Address, Apt. or Suite #) 201 VANDERPOOL LN #141 HOUSTON TX 77024	
<input checked="" type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	
(City, State, Zip Code) HOUSTON TEXAS 77024	

OFFICE USE ONLY HAND DELIVERED RECEIVED	
JUL 06 2009	
Texas Ethics Commission <i>J</i>	
Receipt #	Amount
(HD) / PM 7-6-09	
Date Processed PROCESSED JUL 06 2009	
Date Imaged	

The correction(s) filed with this affidavit apply to my financial statement due in

- 2009 2008 2007 2006 2005 2004 Other _____

(Remember: The financial statement you file covers the preceding calendar year's activity. Thus a report due in 1999 covers information for calendar year 1998.)

Explanation of Correction

**CORRECTED: OCCUPATIONAL INCOME PART 1A
INADVERTENTLY LEFT OFF OCCUPATIONAL
INCOME**

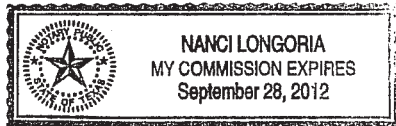
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

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.

Dan Patrick

Signature of Filer



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Dan Patrick this the 2 day of

July, 2009, to certify which, witness my hand and seal of office.

Nanci Longoria **NANCI LONGORIA** *Notary Public*

Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

③

B-417572

SOURCES OF OCCUPATIONAL INCOME

PART 1A

NOT APPLICABLE

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<p>1 INFORMATION RELATES TO</p>	<p><input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>2 EMPLOYMENT</p> <p><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER</p> <p><input type="checkbox"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)</p> <p>Texas Senate 1400 N Congress 353 Austin TX 78701</p> <hr/> <p>NATURE OF OCCUPATION Senate</p>
<p>INFORMATION RELATES TO</p>	<p><input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>EMPLOYMENT</p> <p><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER</p> <p><input type="checkbox"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)</p> <p>Houston Broadcasting 11451 Katy Freeway Suite 215 Houston TX 77079</p> <hr/> <p>NATURE OF OCCUPATION Radio</p>
<p>INFORMATION RELATES TO</p>	<p><input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>EMPLOYMENT</p> <p><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER</p> <p><input type="checkbox"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)</p> <p>PAT Rich LLC 11451 Katy Freeway Suite Houston TX 77079 215</p> <hr/> <p>NATURE OF OCCUPATION Business Management</p>

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

SOURCES OF OCCUPATIONAL INCOME

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<p>2 EMPLOYMENT</p> <p><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER</p> <p><input type="checkbox"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)</p> <p>DAN AND DAN MANAGEMENT 151 WATERFRONT DR Montgomery TX 77356</p> <hr/> <p>NATURE OF OCCUPATION Business Management</p>

<p>INFORMATION RELATES TO</p>	<p><input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____</p>
<p>EMPLOYMENT</p> <p><input type="checkbox"/> EMPLOYED BY ANOTHER</p> <p><input type="checkbox"/> SELF-EMPLOYED</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check If Filer's Home Address)</p> <p>NATURE OF OCCUPATION</p>

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