

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS/ <u>MR</u> FIRST MI <u>Dennis</u> L NICKNAME LAST SUFFIX <u>Webb</u>	OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid red; padding: 2px; text-align: center; color: red; font-weight: bold; margin: 5px 0;">JUL 16 2020</div> City Secretary's Office	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>520 Gilbert Rd Irving TX 75061</u>	Date Hand-delivered or Date Postmarked ST <u>7-16-2020 11:38am HD</u>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(972) 849-9421</u>	Receipt #	Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS/ <u>MR</u> FIRST MI <u>Lydia</u> N NICKNAME LAST SUFFIX <u>Webb</u>	Date Processed <u>Rec'd by [initials] 7-16-2020</u>	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>520 Gilbert Rd. IRVING Texas 75061</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(972) 849-9579</u>		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <u>1 / 01 / 2020</u> THROUGH <u>6 / 30 / 2020</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>5 / /</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	

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