

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 5		<div style="border: 2px solid blue; padding: 5px; text-align: center;"> RECEIVED <small>OFFICE USE ONLY</small> APR 09 2021 City Secretary's Office </div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Dennis	MI	Date Received	
	NICKNAME Webb	LAST		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report	Other (specify) _____ Date Hand-delivered or Date Postmarked HD 4/9/21 4:09pm	
5 ORIGINAL PERIOD COVERED	Month Day Year 02 / 12 / 21	THROUGH	Month Day Year 5 / 22 / 21	
Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____				

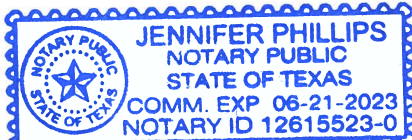
6 EXPLANATION OF CORRECTION

See Attached Exhibit A2

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

Check ONLY if applicable:

- Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- Other reports: 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.



Dennis Webb

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Dennis Webb this the 9th day of April,

2021 to certify which, witness my hand and seal of office.

Jennifer Phillips
Signature of officer administering oath

Jennifer Phillips
Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month)

Signature of Candidate/Officeholder (Declarant)

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 2

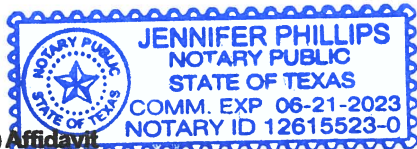
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 320
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,120 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 524.07
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,117.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,003.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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.

Dennis Webb

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Dennis Webb this the 4th day of April,

2021, to certify which, witness my hand and seal of office.

Jennifer Phillips

Jennifer Phillips

notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Dennis Webb		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis Webb	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis Webb	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 3-12-21 Kay Schecht	Amount of contribution (\$) \$ 100.00
	Contributor address; City; State; Zip Code 931 E. Oakdale Irving TX 75061	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 3-12-21 Whaylon Morton	Amount of contribution (\$) \$ 100.00
	Contributor address; City; State; Zip Code 700 Piedmont Dr. McKinney TX 75071	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

Correction/ Amendment For Candidate/Officeholder
Form COR-C/OH
EXHIBIT A2

April 9, 2021

The following is a description of the actions and documentation to correct a mistake on my 30 day before election campaign finance report.

On 3/13/2021 I received a campaign contribution from 555 WEST AIRPORT FRWY LLC whose physical address is 555 West Airport Frwy Irving Texas 75062. The total of the contribution was \$1,000.00. I included that contribution on my campaign finance report. At that time, **I was unaware that, accepting a campaign contribution from a LLC that is part of a corporation is prohibited under Texas election codes.**

On Wednesday April 7, 2021 at 1:51 pm I received a text message from my opponent in the race David Palmer that stated, " Did you know it is illegal to take campaign contributions from a corporation?"

I immediately responded " No"

I followed that text with another response " Thanks for the heads up"

Later that day I called the Texas Ethics Commission to inquire what I need to do to correct this mistake. The operator told me she would forward my information to the legal department and they would give me a return call.

After receiving no call that day I called the next day and relayed the same information to the operator (Linda) and receive the same response as above.

After about an hour I called back and relayed to Linda I need to talk to someone in the legal department and was told the same information as above. As I write this exhibit I have not received a call.

I contacted the city of Irving Elections administrator to inquire what she recommends. Her office contacted me immediately and gave me directions for filing this correction.

After realizing my mistake, I have made a good faith effort to correct it.

To remedy the mistake, I went to my bank and withdrew the \$1,000. in the form of a cashiers check made payable to 555WEST AIRPORT FRWY LLC to refund them their donation. It was returned to the company. (See attached copy of Cashiers check)

I have made the corrections to the Cover Sheet PG2 showing the reduction of the \$1,000. on line 2.

I have made the correction to Schedule A1 (Monetary Political Contributions) Line 4, the second section by deleting the mistaken prohibited contribution.

I hope this clear up the mistake, and I pray my timely response to address it allow me to be eligible for a waiver of a late filing penalty.

Respectfully submitted,

Dennis Webb



Terms and Conditions (Remitter and Payee):

- * Please keep this copy for your record of the transaction
- * The laws of a specific state will consider these funds to be "abandoned" if the Cashier's Check is not cashed by a certain time
 - Please cash/deposit this Cashier's Check as soon as possible to prevent this from occurring
 - In most cases, the funds will be considered "abandoned" before the "Void After" Date
- * Placing a Stop Payment on a Cashier's Check
 - Stop Payment can only be placed if the Cashier's Check is lost, stolen, or destroyed
 - We may not re-issue or refund the funds after the stop payment has been placed until 90 days after the original check was issued
- * Please visit a Chase branch to report a lost, stolen, or destroyed Cashier's Check or for any other information about this item

**FOR YOUR PROTECTION SAVE THIS COPY
CASHIER'S CHECK**

Customer Copy

9115737046

04/09/2021

Void after 7 years

Remitter: DENNIS L WEBB

**** 1,000.00 ****

Pay To The Order Of: 555 WEST AIRPORT FRWY LLC

Drawer: **JPMORGAN CHASE BANK, N.A.**
NON NEGOTIABLE

Memo: _____

Note: For information only. Comment has no effect on bank's payment.

282111107 NEW 01/08 88100043

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

CASHIER'S CHECK

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK



Remitter: DENNIS L WEBB

Date

04/09/2021

Void after 7 years

9115737046

440

Pay To The Order Of: 555 WEST AIRPORT FRWY LLC

Pay: ONE THOUSAND DOLLARS AND 00 CENTS

**** 1,000.00 ****

Do not write outside this box

Memo: _____

Note: For information only. Comment has no effect on bank's payment.

Drawer: **JPMORGAN CHASE BANK, N.A.**

Reginald Chambers, Chief Administrative Officer
JPMorgan Chase Bank, N.A.
Columbus, OH



⑈9115737046⑈ ⑆044000037⑆ 758661375⑈