

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: <div style="text-align: center; font-size: 2em; font-weight: bold;">5</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST <u>Dennis</u> MI <u>L</u> NICKNAME <u>Webb</u> LAST _____ SUFFIX _____	<div style="border: 2px solid blue; padding: 5px; display: inline-block;"> <div style="border: 1px solid blue; padding: 2px; display: inline-block; font-weight: bold; color: blue;">RECEIVED</div> <div style="border: 1px solid blue; padding: 2px; display: inline-block; color: red; font-weight: bold;">APR 10 2014</div> <div style="border: 1px solid blue; padding: 2px; display: inline-block; font-weight: bold;">City Secretary's Office</div> </div> <div style="margin-top: 5px; font-size: 0.8em;"> Date Received _____ Date Hand-delivered or Postmarked <u>4/10/14 3:05pm CLK</u> Receipt # <u>HP</u> Amount _____ Date Processed <u>Prod by DJ 4/10/14</u> Date Imaged _____ </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: <u>520 Gilbert Rd.</u> APT / SUITE # _____ CITY: <u>Irving Tx</u> STATE: _____ ZIP CODE: <u>75061</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(972)</u> PHONE NUMBER <u>849-9421</u> EXTENSION _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u> FIRST <u>Monica</u> MI _____ NICKNAME <u>Tidwell</u> LAST _____ SUFFIX _____		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # _____ CITY: _____ STATE: _____ ZIP CODE: _____ <u>N. Ector Drive</u> <u>Eules Texas 76040</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>()</u> PHONE NUMBER <u>972 804-7436</u> EXTENSION _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>1 / 1 / 2014</u> THROUGH <u>4 / 10 / 2014</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>5 / 10 / 2014</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>City Council Place</u> <u>3</u>	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Dennis Webb

15 ACCOUNT # (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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

\$ 25⁰⁰

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2425.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 30⁰⁰

4. TOTAL POLITICAL EXPENDITURES

\$ 1639.50

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

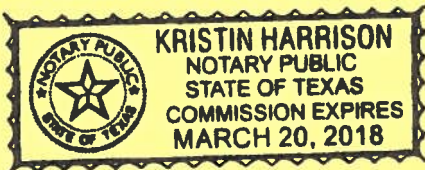
\$ 852.50

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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.

Dennis Webb

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dennis Webb, this the 10 day of April, 20 14, to certify which, witness my hand and seal of office.

Kristin Harrison
Signature of officer administering oath

Kristin Harrison
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

Dennis Welch

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-6-14

5 Full name of contributor out-of-state PAC (ID# _____)

KAREN + DENNIS HARMON

6 Contributor address; City; State; Zip Code

717 Lexington
Irving Texas 75061

7 Amount of contribution (\$)

25.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Resident

10 Employer (See Instructions)

Date

2/14

Full name of contributor out-of-state PAC (ID# _____)

Tom Spink

Contributor address; City; State; Zip Code

1319 Irving HTS Dr.
Irving TX 75061

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Date

3/14

Full name of contributor out-of-state PAC (ID# _____)

Christina Gears

Contributor address; City; State; Zip Code

5201 N. Oconnor St. #200
Irving Texas 75039

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Financial Advisor

Employer (See Instructions)

Date

3/14

Full name of contributor out-of-state PAC (ID# _____)

Jack Spurlock

Contributor address; City; State; Zip Code

1516 W. Pioneer Dr.
Irving TX 75061

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Reator

Employer (See Instructions)

Date

3/14

Full name of contributor out-of-state PAC (ID# _____)

VINCENT SANTESCOV

Contributor address; City; State; Zip Code

202 E IRVING BLVD
Irving TX 75060

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retail Owner

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.

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
Dennis Well

3 ACCOUNT # (Ethics Commission Filers)

4 Date
4-9-14

5 Full name of contributor out-of-state PAC (ID# _____)

Metro Tex Realtors PAC

6 Contributor address; City; State; Zip Code

**8201 N. Stemmons Frwy
Dallas TX 75247**

7 Amount of contribution (\$) **1000.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Realtor

10 Employer (See Instructions)

Date
3/14

Full name of contributor out-of-state PAC (ID# _____)

Chris Allen

Contributor address; City; State; Zip Code

**Las Colinas Blvd
Irving Texas 75039**

Amount of contribution (\$) **500.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Business Owner

Employer (See Instructions)

Date
3/14

Full name of contributor out-of-state PAC (ID# _____)

Lucy Billingsly

Contributor address; City; State; Zip Code

**1722 Booth St.
Dallas TX 75201**

Amount of contribution (\$) **DW
200.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Business Owner

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Dennis Wells	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4-3-14	5 Payee name Minoteman Press	
6 Amount (\$) 258.00	7 Payee address; City; State; Zip Code 940 N. Beltline Rd. Irving Texas 75061	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Post Cards
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/20/14	Payee name High Tech Signs	
Amount (\$) 677.50	Payee address; City; State; Zip Code 220 N. Story Ste 101 Irving TX 75061	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Sign Materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-27-14	Payee name Bear Creek Church	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 2700 Finley Rd. Irving TX 75061	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) 250 Copies of Flyer
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name Build a Sign.com	
Amount (\$) \$674.00	Payee address; City; State; Zip Code 11525A Stonehollow Dr. Austin TX 78758	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED