

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission File#) | 2 Total pages filed: RECEIVED OFFICE USE ONLY Date Received JUL 16 2012 City Secretary's Office Date Hand-delivered or Postmarked Fax 7/16/12 KH 3:50pm Receipt # Amount Date Processed Printed by <i>bj</i> 7/17/12 Date Imaged |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Dennis NICKNAME Webb | FIRST L LAST Webb | MI L SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 520 Gilbert Rd Irving TX 75061 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (972) | PHONE NUMBER 849-9421 | EXTENSION |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Monica NICKNAME Tidwell | FIRST Monica LAST Tidwell | MI M SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 1800 Fuller-Wisner Rd - Apt 713 Euless Texas TX 76039 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (972) | PHONE NUMBER 804-7436 | EXTENSION |
| 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 \$900 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 1 / 1 / 2012 6 / 30 / 2012 | | |
| 11 ELECTION | Month Day Year 6 / 18 / 2012 | ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) City Council District 3 | 13 OFFICE SOUGHT (if known) | |

GO TO PAGE 2

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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.


| | | |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
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| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 400.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 267.73 |
| 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 Loretha Willis Jacobs, this the 16th day of July, 2012, to certify which, witness my hand and seal of office.

Loretha Willis - Jacobs Loretha Willis Jacobs Admin. Assist.
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F: 1 | 2 FILER NAME Dennis Webb | 3 ACCOUNT # (Ethics Commission Filers) |
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| | |
|---------------------|---------------------------------------|
| 4 Date 3/09/2012 | 5 Payee name A.D. Jenkins Campaign |
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| | |
|-------------------------|--|
| 6 Amount (\$) 400.00 | 7 Payee address; City; State; Zip Code P.O. Box [redacted] 154442 Irving TX 75061 Grand Prairie Texas 75050 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Contribution | (b) Description (If travel outside of Texas, complete Schedule T) Donation To Political Campaign of school board candidate. |
|--------------------------|--|--|

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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|-------------|--------------------------------------|
| Date | Payee name |
| Amount (\$) | Payee address; City; State; Zip Code |

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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| Date | Payee name |
| Amount (\$) | Payee address; City; State; Zip Code |

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| Date | Payee name |
| Amount (\$) | Payee address; City; State; Zip Code |

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|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED