

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.
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Dennis Lee NICKNAME LAST SUFFIX Webb	<div style="border: 2px solid blue; padding: 5px; color: blue; font-weight: bold; font-size: 1.2em;"> RECEIVED OFFICE USE ONLY JUN 09 2011 City Secretary's Office </div> Date Received Date Hand-delivered or Postmarked HD 6/10/11 2:46pm KH Receipt # Amount Date Processed Reviewed 6/15/11 JY Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE P.O. Box 171566 Irving Tx 75017		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 849-9421		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Monica Tidwell D NICKNAME LAST SUFFIX Tidwell		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 1406 Esters Rd. #2020 Irving Tx 75061		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 804-7436		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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 5 / 15 / 2011 / / / / /		
11 ELECTION	ELECTION DATE Month Day Year 6 / 18 / 2011	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)	13 OFFICE SOUGHT (if known) Place 3	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name Address / PO Box: Apt / Suite #: City: State: Zip Code		

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**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Dennis Lee Webb **16 ACCOUNT # (Ethics Commission Filers)**

17 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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$ 150 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,761.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,396.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1818.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 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 10th day of June, 20 11, to certify which, witness my hand and seal of office.

Kristin Irene Harrison

Signature of officer administering oath

Kristin Irene 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 Webb		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/?/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jan Littlejohn	7 Amount of contribution (\$) \$300⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 153501 IRVING Texas 75015		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/9/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Less / Pam Bell	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4100 Woodenrail LN. Irving Texas 75061		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/?/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Will / Sharon Deberry	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3901 Boise Ct. Irving Texas 75062		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) IRVING Firefighter PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/26 - 4/25	Contributor address; City; State; Zip Code 137 E. Second St. IRVING Texas 75060		7113.00 Endorsement Services
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 5-12-2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) IRVING Firefighters PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/26 - 5/6	Contributor address; City; State; Zip Code 137 E. Second St. IRVING Texas 75060		5466⁰⁰ Endorsement Services
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
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: <u>2</u>	
2 FILER NAME <u>Dennis Webb</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>5/21/2011</u> <u>5/17-5/15</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Irving Firefighters PAC</u> 6 Contributor address; City; State; Zip Code <u>137 E. Second St.</u> <u>Irving Texas 75060</u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <u>5853.00</u> <u>ENDORSEMENT SERVICES</u> <small>(If travel outside of Texas, complete Schedule T)</small>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>5/2/2011</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Gears Campaign</u> Contributor address; City; State; Zip Code <u>3716 Santiago Ct.</u> <u>Irving Texas 75062</u>	Amount of contribution (\$)	In-kind contribution description (if applicable) <u>2669.10 (Exc)</u> <u>PAID FOR</u> <u>Campaign matter</u> <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>5/?/2011</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Anthony Bond</u> Contributor address; City; State; Zip Code	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>5/14/2011</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ruby / Maurice Walker</u> Contributor address; City; State; Zip Code	Amount of contribution (\$) <u>50⁰⁰</u>	In-kind contribution description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>June 6</u> <u>5/15-5/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Irving Firefighters PAC</u> Contributor address; City; State; Zip Code <u>137 E. Second St.</u> <u>Irving Texas 75060</u>	Amount of contribution (\$)	In-kind contribution description (if applicable) <u>\$1,110.00</u> <u>ENDORSEMENT SERVICES</u> <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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	2 FILER NAME Dennis Webb	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/9/2011	5 Payee name Kyle Morton	
6 Amount (\$) 250 ⁰⁰	7 Payee address; City; State; Zip Code 2700 N. Oconnor Rd #116 Irving Texas 75062	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Campaign T-shirts (25)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/12/2011	Payee name Fed Ex Office	
Amount (\$) 504.81	Payee address; City; State; Zip Code 3201 W. Airport freeway Ste 100 Irving Texas 75062	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Cards to hand out on Election day
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/12/2011	Payee name Office Depot	
Amount (\$) 71.07	Payee address; City; State; Zip Code 2503 W. Interstate 20 Grano Prairie Texas 75062	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Supplies	Description (If travel outside of Texas, complete Schedule T) Office Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/24/2011	Payee name Irving Rambler	
Amount (\$) 470.60	Payee address; City; State; Zip Code PO Box 177731 Irving Texas 75017	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) News Ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 Webb	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/25/2011	5 Payee name Finish line
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6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 2700 N. Oconnor Rd. # 116 Irving Texas 75062
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) campaign T-Shirts (25)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-27-2011	Payee name Minute man Printing
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Amount (\$) 648.95	Payee address; City; State; Zip Code 940 N. Bettline Rd. Irving Texas 75061
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) 3000 flyers for runoff
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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 6-7-2011	Payee name North Dallas Gazette
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Amount (\$) 175.00	Payee address; City; State; Zip Code P.O. Box 763866 Dallas TX 75376-3866
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Ad Advertising Exp.	Description (If travel outside of Texas, complete Schedule T) Campaign Ad.
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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 6/3/2011	Payee name G+C Direct Mail
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Amount (\$) \$ 1026.67	Payee address; City; State; Zip Code 1275 Profit Dr. Dallas TX 75247
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense -	Description (If travel outside of Texas, complete Schedule T) Mailer
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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