

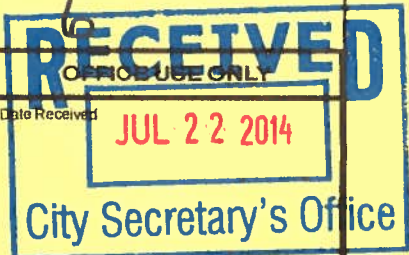
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 L
 NICKNAME LAST SUFFIX
 Webb

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY STATE ZIP CODE
 520 Gilbert Rd.
 Irving Texas 75061

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (972) 849-9421

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
 Monica
 NICKNAME LAST SUFFIX
 Tidwell

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY STATE ZIP CODE
 N. Ector Dr.
 Euless Texas 76040

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
 ()
 972 804-7436

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
 5 / 1 / 2014 THROUGH 6 / 30 / 14

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff General Special
 5 / 10 / 2014

12 OFFICE

OFFICE HELD (if any)
 City Council Place 3

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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,900.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>136.31</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2653.31</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>346.69</u>
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 22 day of July, 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 FILER NAME

Dennis Webb

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5-5-14

5 Full name of contributor

JAMES MARCHESANO

6 Contributor address; City; State; Zip Code

Tulsa Oklahoma

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5-2-14

Full name of contributor

JAN LITTLEJOHN

Contributor address; City; State; Zip Code

Irving Texas

Amount of contribution (\$)

200⁰⁶

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-6-14

Full name of contributor

Garcia-Ibancovich

Contributor address; City; State; Zip Code

618 W Jefferson St.
Dallas Texas 75008

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-2-14

Full name of contributor

ANTHONY BOND

Contributor address; City; State; Zip Code

4109 NORTHGATE #821
Irving TX 75062

Amount of contribution (\$)

1,400⁰⁰

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

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

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

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: 3	2 FILER NAME Dennis Webb	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5-4-14	5 Payee name Jaden Rivers
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6 Amount (\$) \$333.00	7 Payee address; City; State; Zip Code 3906 Victoria St. IRVING TEXAS 75062
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) HAND DELIVER MAILERS
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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 5-4-14	Payee name Michelle Raven
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Amount (\$) \$333.00	Payee address; City; State; Zip Code 430 East Buckingham Rd. #1217 Richardson Texas 75081
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) contract Labor	Description (If travel outside of Texas, complete Schedule T) HAND Deliver Campaign MAILERS
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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 5-4-14	Payee name ANDRE RAVEN
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Amount (\$) \$333.00	Payee address; City; State; Zip Code 430 East Buckingham Rd. #1217 Richardson Texas 75081
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract labor	Description (If travel outside of Texas, complete Schedule T) HAND Deliver Campaign MAILERS
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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 5-4-14	Payee name Tonia Graham
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Amount (\$) \$333.00	Payee address; City; State; Zip Code 4241 Pleasant Run Apt. 118 IRVING TEXAS 75038
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract labor	Description (If travel outside of Texas, complete Schedule T) HAND Deliver Campaign MAILERS
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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

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)
4 Date 5-4-14	5 Payee name Zarayah Banks	
6 Amount (\$) \$ 333.00	7 Payee address; City; State; Zip Code 3401 W. Country Club Dr. Irving TX 75062	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) contract labor	(b) Description (If travel outside of Texas, complete Schedule T) HAND Deliver Campaign Mailer
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5-4-14	Payee name Charteka Webb	
Amount (\$) \$ 333.00	Payee address; City; State; Zip Code 2612 Salman St. IRVING TX 75062	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) contract labor	Description (If travel outside of Texas, complete Schedule T) HAND DELIVER Campaign mailer
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5-2-14	Payee name Irving Rambler	
Amount (\$) \$ 130.00	Payee address; City; State; Zip Code 607 S. Rogers IRVING TX 75060	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) campaign mailer insert.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5-15-14	Payee name Fiesta Store	
Amount (\$) \$ 287.00	Payee address; City; State; Zip Code Irving BLVD / NURSERY Irving TX 75060	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Victory CELEBRATION
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 5/18/14	5 Payee name Resturant Depot
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6 Amount (\$) \$ 102.86	7 Payee address; City; State; Zip Code Dallas, Texas
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Victory Celebration
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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 5-18-14	Payee name KROGER STORE
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Amount (\$) \$ 36.31	Payee address; City; State; Zip Code Grawmyler @ Irving BLVD IRVING TEXAS 75064
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Victory Celebration
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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 Islamic Center (FOR IISD Afterschool Program Fundraiser)
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Amount (\$) \$ 100.00	Payee address; City; State; Zip Code 2555 Esters Rd. Irving TX 75061
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution (NON Profit)	Description (If travel outside of Texas, complete Schedule T) FOR IISD AFTERSCHOOL FUNDRAISER
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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
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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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