CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

3 CANDIDATE / OFFICEHOLDER NAME Mr. Dennis W. NICKNAME LAST Stahl 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS / PO BOX: APT / SUITE #: CITY. STATE, ZIP CODE MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE NUMBER OFFICEHOLDER PHONE NUMBER PHONE 6 CAMPAIGN TREASURER NAME MS / MRS / MR				
NAME NICKNAME LAST Stahl 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS / PO BOX: APT / SUITE #: CITY, STATE, ZIP CODE MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE NUMBER PHONE 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE NUMBER PHONE 6 CAMPAIGN TREASURER NAME Mrs. Eleana NICKNAME LAST Date Received BY CITY SECRETARY JUL 1 7 2019 CITY OF SOUTH PADRE ISLAND Date Hand-delivered or Date Postmarked Date Hand-delivered or Date Postmarked Date Processed				
OFFICEHOLDER MAILING ADDRESS Change of Address CITY OF SOUTH PADRE ISLAND AREA CODE PHONE NUMBER EXTENSION OFFICEHOLDER PHONE OFFICEHOLDER PHONE OFFICEHOLDER PHONE MS / MRS . MR FIRST TREASURER NAME NICKNAME LAST SUFFIX Date Processed Date processed				
5 CANDIDATE/ OFFICEHOLDER PHONE (956) 282-8722 6 CAMPAIGN TREASURER NAME MS / MRS . MR FIRST M: Receipt # Amount \$ MICKNAME LAST SUFFIX Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed				
TREASURER NAME Mrs. Eleana R. Date Processed NICKNAME LAST SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #. CITY: STATE, ZIP CODE 700 Padre Blvd Suite D South Padre Island TX 78597				
8 CAMPAIGN TREASURER (214) 316-1727 (956) 761-8888				
9 REPORT TYPE X January 15 30th day before election Runoff 15th day after campaign freasurer appointment (Officeholder Only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)				
TO PERIOD Month Day Year Month Day Year COVERED 1 / 1 / 19 6 30 19				
11 ELECTION BATE Month Day Year Primary Runoff Description 11 6 / 17 X General Special Unopposed				
12 OFFICE MELD (Hany) Mayor, South Padre Island 13 OFFICE SQUGHT (Hisnown)				
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME D	15 Filer ID (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 OF 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.		
Additional Pages	COMMITTEE TYPE COMMITTEE NAME		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ -0-
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ -0-
	4. TOTAL POLITICAL EXPENDITURES		\$
CONTRIBUTION BALANCE	5. TOTAL OF REA	DAY \$ 1093.73	
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	\$ 10,180.06	
Not Co	RACHEL LAUREN I ary Public, State of mm. Expires 03-20 Notary ID 131939	true and correct and includes all info under Title 15, Election Code. f Texas	perjury, that the accompanying report is primation required to be reported by me
	101017 10 101000		didate or Officeholder
Sworn to and subsc	ribed before me,	by the said Dennis Stahl to certify which, witness my hand and seal of office.	, this the
Rull Signature of officer	idministering oath	Printed name of officer administering cath	Notary Title of officer administering oath
		varan akhina akaka ku wa	Davised 0/8/001

SUBTOTALS - C/OH

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FORM C/OH COVER SHEET PG 3

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