

## SWORN COMPLAINT BEFORE THE TEXAS ETHICS COMMISSION

Section 571.122 of the Government Code requires that a sworn complaint be filed on a form prescribed by the Texas Ethics Commission and include specific information.

- You must complete a separate sworn complaint form for each respondent.
- You must allege a violation of a law that is within the Texas Ethics Commission's jurisdiction, listed on p. 2. More information and instructions for this form can be found at <https://www.ethics.state.tx.us/tec/sworn.html>.
- A person filing a frivolous or bad faith complaint may be subject to a civil penalty.

*Please completely fill out this form.  
Failure to complete this form properly will cause your  
complaint to be noncompliant and returned.*

OFFICE USE ONLY
Docket Number
Date Hand-delivered or Date Postmarked

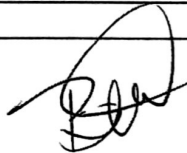
### I. IDENTITY OF COMPLAINANT

<b>1</b> COMPLAINANT NAME <small>(REQUIRED)</small>	MS / MRS / MR Mr.	FIRST Bryan	MI C
	NICKNAME	LAST Webb	SUFFIX
<b>2</b> COMPLAINANT PHYSICAL ADDRESS <small>(REQUIRED)</small>	ADDRESS 4112 High Rd	APT / SUITE #:	CITY: STATE: ZIP CODE Flower Mound TX 75022
	<small>(Full home or business address, including street, city, state, and zip code)</small>		
<b>3</b> COMPLAINANT MAILING ADDRESS <small>(REQUIRED)</small> <input checked="" type="checkbox"/> <small>(check if same as above)</small>	ADDRESS	APT / SUITE #:	CITY: STATE: ZIP CODE
	<small>(Full street or mailing address, including city, state, and zip code)</small>		
<b>4</b> COMPLAINANT TELEPHONE NUMBER <small>(REQUIRED)</small>	AREA CODE 972	PHONE NUMBER 816.5661	EXT
<b>5</b> COMPLAINANT E-MAIL ADDRESS <small>(REQUIRED IF KNOWN)</small>	bcwebb57@gmail.com		

### II. IDENTITY OF RESPONDENT

<b>6</b> RESPONDENT NAME <small>(REQUIRED)</small>	MS / MRS / MR Mrs	FIRST Dianne	MI
	NICKNAME	LAST Edmondson	SUFFIX
<b>7</b> RESPONDENT POSITION OR TITLE <small>(REQUIRED)</small>	Candidate Denton County Commissioner, Precinct 4		
<b>8</b> RESPONDENT PHYSICAL ADDRESS <small>(REQUIRED)</small>	ADDRESS 8913 Crestview Dr	APT / SUITE #:	CITY: STATE: ZIP CODE Denton TX 76207
	<small>(Full home or business address, including street, city, state, and zip code)</small>		
<b>9</b> RESPONDENT MAILING ADDRESS <small>(REQUIRED)</small> <input checked="" type="checkbox"/> <small>(check if same as above)</small>	ADDRESS	APT / SUITE #:	CITY: STATE: ZIP CODE
	<small>(Full street or mailing address, including city, state, and zip code)</small>		
<b>10</b> RESPONDENT TELEPHONE NUMBER <small>(REQUIRED)</small>	AREA CODE 940	PHONE NUMBER 3916699	EXT
<b>11</b> RESPONDENT E-MAIL ADDRESS <small>(REQUIRED IF KNOWN) (If unknown, please state that)</small>	dianne@gopgal.com		

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III. NATURE OF ALLEGED VIOLATION

Page 2

Include the specific law(s) or rule(s) alleged to have been violated. YOU MUST ALLEGE A VIOLATION OF A LAW THAT IS WITHIN THE COMMISSION'S JURISDICTION. The Texas Ethics Commission has jurisdiction to enforce only the following laws: (1) Title 15 of the Election Code; (2) Chapters 302, 303, 305, 572 and 2004 of the Gov't Code; (3) § 334.025 and § 335.055 of the Local Gov't Code; (4) Chapter 159 of the Local Gov't Code, in connection with a county judicial officer who elects to file a financial statement with the commission; and (5) § 2152.064 and § 2155.003 of the Gov't Code.

Please completely fill out this form. Failure to complete this form properly will cause your complaint to be noncompliant and returned.

Campaign Finance reports filed by Dianne Edmondson, candidate for Denton County Commissioner Precinct 4, filed with Denton County Board of Elections and available for review at www.votedenton.com do not accurately report expenses incurred by the campaign.

Since the Edmondson campaign filed their first report on January 12, 2018, the campaign has shown payments to Citi Bank for Credit Card Expenses that exceed Credit Card expenses disclosed on form F4 by a total of \$8,250.13.

Every candidate who submits a campaign finance reports "swears or affirm, under penalty of perjury that the accompanying report is true and correct and include all information required to be reported by me under Title 15 Election Code"

The tally performed by me are based upon the following finance report filings and the information contained on them

- 7/1 - 9/27/18 filed on 10/8/18 https://texas.easycampaignfinance.com/Documents/981ABD89-7663-4AF5-80A2-967C86BFEB65/ViewFinalRedactedPdf
F4 Credit Card Expenses: \$2,042.31 F1 Credit Card Payments: \$2,740.65
5/15 - 6/30 filed on 7/21/18: https://texas.easycampaignfinance.com/Documents/46519544-B037-438E-86E4-60FFA9F1A79E/ViewFinalRedactedPdf
F4 Credit Card Expenses: \$1,975.09 F1 Credit Card Payments: \$5,675.18
2/27 - 5/14/18 filed on 7/23/18 https://texas.easycampaignfinance.com/Documents/9667E260-D226-411B-9CB2-BE7611CB5F69/ViewFinalRedactedPdf
F4 Credit Card Expenses: \$902.14 F1 Credit Card Payments: \$6,691.93
2/6 - 2/26/18 filed on 7/23/18: https://texas.easycampaignfinance.com/Documents/9A7A048F-8FF5-4068-9ED9-ECD4B2F156EE/ViewFinalRedactedPdf
F4 Credit Card Expenses: \$2,084.98 F1 Credit Card Payments: \$2,201.11
12/11 - 12/31/17 filed on 1/12/18: https://texas.easycampaignfinance.com/Documents/74F2F20E-C964-4387-8E32-AE3652AAA7A7/ViewFinalRedactedPdf
F4 Credit Card Expenses: \$2,054.22 F1 Credit Card Payments: \$0.00

Handwritten signature

ATTACH ADDITIONAL PAGES AS NEEDED

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You must be a resident of the state of Texas to be eligible to file a sworn complaint with the Texas Ethics Commission. You are required to attach to the complaint a copy of one of the following documents:

- complainant's driver's license or personal identification certificate issued under Chapter 521 of the Transportation Code, or commercial driver's license issued under Chapter 522 of the Transportation Code; or
- a utility bill, bank statement, government check, paycheck or other government document that shows the name and address of the complainant and is dated not more than 30 days before the date on which the complaint is filed.

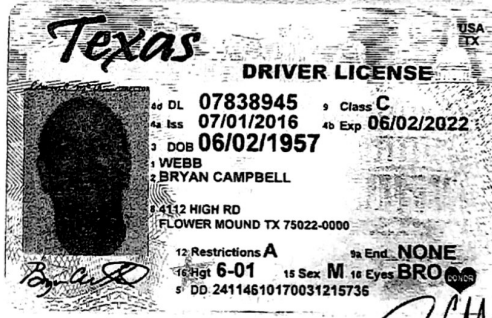
You may also be eligible to file a sworn complaint with the Texas Ethics Commission if you own real property in the state of Texas. Under this provision, you are required to attach to the complaint a copy of a property tax bill, notice of appraised value, or other government document that shows your name and the address of your real property in Texas, and identifies you as the owner of the real property.

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**A COMPLAINT WILL BE RETURNED IF A COPY OF ONE OF THE FOLLOWING DOCUMENTS IS NOT ATTACHED AS PROOF OF TEXAS RESIDENCY OR OWNERSHIP OF REAL PROPERTY IN TEXAS.**

Please check one of the boxes below to indicate the type of document you have attached to the complaint:

- Texas driver's license
- personal identification certificate
- commercial driver's license (issued)
- utility bill \*
- bank statement \*
- government check \*
- paycheck \*
- other government document \*
- property tax bill, notice of appraised value, or other government document that shows your name and the address of your real property in Texas, and identifies you as the owner of the real property.



Handwritten initials and a signature over the driver license image.

\* with your name and address and dated not more than 30 days before the date on which the complaint is filed \*

\*\*\*\*\*

You may submit the completed form by: (1) mail to P.O. Box 12070, Austin, Texas 78711, (2) hand delivery to 201 E. 14th Street, Sam Houston Building, 10th floor, Austin, Texas 78701, or (3) email to [address to be determined]. Mail or hand delivery are preferred.

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Pursuant to section 571.032(a) of the Government Code, initial notices of a complaint must be sent to the complainant and respondent by certified mail. If you wish to waive that requirement, please fill out the following waiver form:

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**WAIVER OF NOTICE BY CERTIFIED MAIL REQUIREMENT**

I waive the requirement that written notices addressed to me concerning any pending sworn complaint be sent by registered or certified mail, restricted delivery, return receipt requested.

I understand that I may withdraw this waiver by written notice to the executive director of the Ethics Commission.

I further understand that the commission will send all written notices to me by first class mail unless the commission's staff and I agree on an alternative means.

I also understand that the commission retains the right to mail any notices to me by more restrictive means than first class mail if the commission in its directions determines it is warranted.

Bryan C. Webb

Print Name

bcwebb57@gmail.com

Alternate Email Address for Notices (optional)

  
Signature

10.18.2018

Date



**VI. AFFIDAVIT**

**BASED ON PERSONAL KNOWLEDGE**

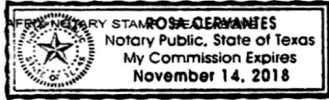
(Execute this affidavit if the acts alleged are within your direct personal knowledge.)

*Please completely fill out this form.*

*Failure to complete this form properly will cause your complaint to be noncompliant and returned.*

I, BRYAN C WEBB, complainant,  
swear that I am a resident of the state of Texas. I swear that I have knowledge of the  
facts alleged in this complaint and that the information contained in this complaint is  
true and correct.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Complainant



Sworn to and subscribed before me, by the said Bryan C Webb, this the 18<sup>th</sup> day of

October, 20 18, to certify which, witness my hand and seal of office.

*[Handwritten Signature]* \_\_\_\_\_ Rosa Cervantes \_\_\_\_\_ Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**VII. AFFIDAVIT**

**BASED ON INFORMATION AND BELIEF**

(Execute this affidavit if the acts alleged are not within your direct personal knowledge, but are based on reasonable belief.)

I, \_\_\_\_\_, complainant,  
swear that I am a resident of the state of Texas. I swear that I have reason to believe  
and do believe that the violation alleged in this complaint has occurred. The source  
of my information and belief is (state below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of

(Complainant)

\_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

*[Handwritten Signature]*