

CITY OF FORT WORTH, TEXAS

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 P.
 NICKNAME LAST SUFFIX
 SHINGLETON

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 8600 CROSSWIND DR.
 FORT WORTH TX 76179

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (817) 236-7969

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
 MR. JOHN
 NICKNAME LAST SUFFIX
 STEVENSON

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 SUITE 3100 201 MAIN ST.
 FORT WORTH TX 76102

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (817) 390-8509

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 THROUGH Month Day Year
 6 / 29 / 2011 THROUGH 7 / 15 / 2011
 6 / 30

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year
 6 / 18 / 2011 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council District 7

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

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.

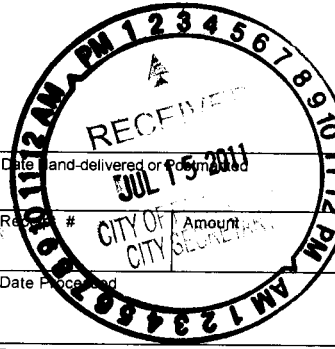
Name

Address / PO Box; Apt / Suite #; City; State; Zip Code

additional pages

OFFICE USE ONLY

Date Received



Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

DENNIS P. SHINGLETON

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *17,628.13*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *55,986.36*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *5,600.-*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *5,000.-*

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 P. Shingleton
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Dennis Shingleton*, this the *15th* day of *July*, 20 *11*, to certify which, witness my hand and seal of office.

MaryAnn Means Brown

MaryAnn Means Brown

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

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 P. SHINGLETON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/9/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES SCHELL	7 Amount of contribution (\$) \$250.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 901 FORT WORTH CLUB BLDG FT. WORTH TX 76102		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/9/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FT. WORTH RETIRED FIRE FIGHTERS	Amount of contribution (\$) \$500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1617 TIERNEY RD. FORT WORTH TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/11/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. MARK + P. J. BRONSON	Amount of contribution (\$) \$100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9013 CROSSWIND DR. FORT WORTH TX 76179		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/11/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. E. BOLEN	Amount of contribution (\$) \$100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4213 CANDLEWIND LN. FORT WORTH TX 76133		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/11/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JON ED + FRANKIE ROBBINS	Amount of contribution (\$) \$100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 212 COPPERWOOD DR. LAKESIDE TX 76108		(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 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		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/11/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM OLIVER	7 Amount of contribution (\$) \$100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2600 W. 7TH ST. #2508 FOOT WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/11/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOOT WORTH POA	Amount of contribution (\$) \$5000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 904 COLLIER ST. FOOT WORTH TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL J MONCRIEF CAMPAIGN	Amount of contribution (\$) \$500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 777 TAYLOR ST. SUITE 1030 FOOT WORTH TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONSERVATIVE VOTERS FORUM	Amount of contribution (\$) \$1500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3501 ELM CREEK COURT FOOT WORTH TX 76109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL J. MALLICK	Amount of contribution (\$) \$5000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3715 CAMP BOWIE BLVD. FOOT WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 SHINGLETON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/14/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. PRICE HULSEY	7 Amount of contribution (\$) \$100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5124 W VICKERY BLVD. FORT WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS PROGRESS FUND	Amount of contribution (\$) \$2000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code BLANETTE PLAZA SUITE 1500 801 CHERRY FORT WORTH TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE F. CHRISTIE	Amount of contribution (\$) \$250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 306 W. 7th ST. SE 901 FORT WORTH TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES R. TOAL	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 341 NUNSEY LN FORT WORTH TX 76114		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/16/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FW FIREFIGHTERS CATEE FOR RESP. GOV	Amount of contribution (\$) \$2028.13	In-kind contribution description (if applicable) CAMPAIGN MAILING
Contributor address; City; State; Zip Code 3855 TULSA WAY FORT WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
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 FILER NAME <i>DENNIS P. SHINGLETON</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6/22/11</i>		5 Payee name <i>THE ELECTION GROUP</i>			
6 Amount (\$) <i>\$25006.34</i>		7 Payee address; City; State; Zip Code <i>408 W. 14TH ST. AUSTIN TX 78701</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>ADVERTISING / CONSULTING EXPENSE</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>6/23/11</i>		Payee name <i>MAC'S GRILL</i>			
Amount (\$) <i>\$953.89</i>		Payee address; City; State; Zip Code <i>MONTGOMERY PLAZA FORT WORTH TX 76107</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>FOOD / BEVERAGE EXPENSE</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>6/24/11</i> 7/2/11		Payee name <i>AT SIGN</i>			
Amount (\$) <i>97.43</i>		Payee address; City; State; Zip Code <i>5818 CAMP BOWIE BLVD FORT WORTH TX 76107</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>6/18/11</i>		Payee name <i>RAILHEAD SMOKEHOUSE</i>			
Amount (\$) <i>2,706.25</i>		Payee address; City; State; Zip Code <i>P.O. BOX 1440 FORT WORTH TX 76101</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> 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 P. SHINGLETON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/20/2011	5 Payee name THE ELECTION GROUP
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6 Amount (\$) 19,722.45	7 Payee address; City; State; Zip Code 408 W. 14TH ST. AUSTIN TX 78701
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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)
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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 6/20/2011	Payee name THE ELECTION GROUP
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Amount (\$) 7500⁰⁰	Payee address; City; State; Zip Code 408 W. 14TH ST AUSTIN TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	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
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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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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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