

OFFICIAL RECORD  
 CITY SECRETARY  
 FT. WORTH, TEX

**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:

6

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

P.O. Box 470336

FORT WORTH TX 76147

change of address

5 CANDIDATE/  
 OFFICEHOLDER  
 PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

236 . 7969

6 CAMPAIGN  
 TREASURER  
 NAME

MS / MRS / MR

FIRST

MI

JOHN

M

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

01 / 16 / 2012

THROUGH

Month

Day

Year

07 / 15 / 2012

11 ELECTION

Month

ELECTION DATE

Day

Year

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

City Council  
 Dist. 7

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

OFFICE USE ONLY

Date Received: JUL 17 2012

Date Hand-delivered or Postmarked:

Receipt #:

Amount:

Date Processed:

Date Imaged:

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME DENNIS P. SHINGLETON 15 ACCOUNT # (Ethics Commission Filers)

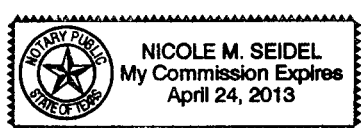
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<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

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>— 0 —</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>88. —</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>13,890.34</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3,866.45</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>— 0 —</u>

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 Shingleton  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dennis Shingleton, this the 17th day of July, 20 12, to certify which, witness my hand and seal of office.

Nicole M Seidel  
Notary Public, State of Texas

Nicole M Seidel  
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 P. SINGLETON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/16/12

5 Full name of contributor  out-of-state PAC (ID#)

Fort Worth Firefighters for Resp. Govt.

6 Contributor address; City; State; Zip Code

3855 Tulsa Way  
Fort Worth TX 76107

7 Amount of contribution (\$)

2,500.<sup>00</sup>

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

1/23/12

Full name of contributor  out-of-state PAC (ID#)

ANNE & ROBERT BASS

Contributor address; City; State; Zip Code

201 MAIN ST.  
FORT WORTH TX 76102

Amount of contribution (\$)

\$3000.<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/23/12

Full name of contributor  out-of-state PAC (ID#)

EDWARD P. BASS

Contributor address; City; State; Zip Code

201 MAIN ST Suite 2700  
FORT WORTH TX 76102

Amount of contribution (\$)

\$3000.<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/26/12

Full name of contributor  out-of-state PAC (ID#)

TAYLOR & SHIRLEE GANDY

Contributor address; City; State; Zip Code

4250 SARITA CRT  
FORT WORTH TX 76109

Amount of contribution (\$)

\$500.<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/8/12

Full name of contributor  out-of-state PAC (ID#)

Stephen H. Berry

Contributor address; City; State; Zip Code

1717 Ashland Ave  
Fort Worth TX 76107

Amount of contribution (\$)

\$200.<sup>00</sup>

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 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

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

2/17/12

**JAMES & CHARLOTTE FINLEY**

6 Contributor address; City; State; Zip Code

**1308 LAKE ST.  
FORT WORTH TX 76102**

**\$500<sup>00</sup>**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

3/13/12

**Linebayer, Goozan, Blain & Sampson**

Contributor address; City; State; Zip Code

**PO Box 17428  
Austin, TX 78760**

**\$2000.-**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

3/28/12

**CHARLES & LINDA GROOMER**

Contributor address; City; State; Zip Code

**4000 LAKESIDE CIRCLE  
FORT WORTH TX 76180**

**\$200<sup>00</sup>**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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: <b>2</b>	2 FILER NAME <b>DENNIS SHINGLETON</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>1/24/12</b>	5 Payee name <b>THE ELECTION GROUP</b>
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6 Amount (\$) <b>8002.34</b>	7 Payee address; City; State; Zip Code <b>408 WEST 14TH ST. AUSTIN, TX 78701</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Consulting Fee</b>	(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 <b>7/10/12</b>	Payee name <b>LIS POSTAL SERVICE</b>
------------------------	---

Amount (\$) <b>\$109.-</b>	Payee address; City; State; Zip Code <b>ARLINGTON HTS. FORT WORTH TX 76107</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Post office box</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1/24/12</b>	Payee name <b>DENNIS SHINGLETON</b>
------------------------	--

Amount (\$) <b>5000.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>8600 CROSSLAND DR. FORT WORTH TX 76179</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>loan repayment</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/21/12</b>	Payee name <b>SUNDAY PRIME FESTIVAL</b>
------------------------	--

Amount (\$) <b>\$100.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>Fort Worth Texas</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Donation</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

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: <b>2</b>	2 FILER NAME <b>DENNIS SHINGLETON</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>4/23/12</b>	5 Payee name <b>KAY GRANGER Campaign Fund</b>
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6 Amount (\$) <b>\$150.<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>Fort Worth Tx 76179</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Campaign Donation</b>	(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 <b>5/15/12</b>	Payee name <b>J. D. JOHNSON Campaign Fund</b>
------------------------	--

Amount (\$) <b>\$150.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>Fort Worth Tx 76179</b>
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Campaign Donation</b>	Description (if travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5/15/12</b>	Payee name <b>BETSY PRICE Campaign For Mayor</b>
------------------------	---

Amount (\$) <b>\$200.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>Fort Worth Tx</b>
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Campaign Donation</b>	Description (if travel outside of Texas, complete Schedule T)
------------------------	--	---

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)
------------------------	--	---

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