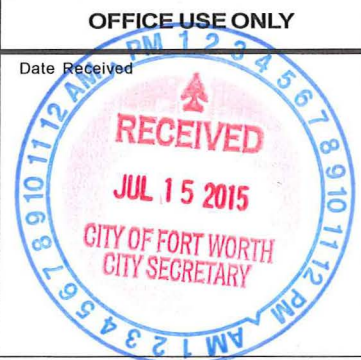


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TX**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>15</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>DENNIS</b>	MI <b>P.</b>
	NICKNAME	LAST <b>SHINGLETON</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	<b>PO Box 470336 FORT WORTH TX 76147</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(817)</b>	<b>236-7969</b>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <b>DEE</b>	MI
	NICKNAME	LAST <b>KELLY JR.</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	<b>201 MAIN ST. STE 2500 FORT WORTH TX 76102</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(817)</b>	<b>332-2500</b>	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	<b>5</b>	<b>1</b>	<b>2015</b>
		THROUGH	Month Day Year
			<b>7 / 15 / 2015</b>
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	<b>CITY COUNCIL DISTRICT 7</b>		



**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*DENNIS P. SHINGLETON*

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 / 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      COMMITTEE NAME

GENERAL

SPECIFIC

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

\$ *- 0 -*

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

\$ *10,350.-*

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *- 0 -*

4. TOTAL POLITICAL EXPENDITURES

\$ *25,066.24*

CONTRIBUTION  
BALANCE

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

\$ *66,618.86*

OUTSTANDING  
LOAN TOTALS

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

\$ *- 0 -*

18 AFFIDAVIT



AFFIX NOTARY STAMP/SEAL ABOVE

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

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

*Mary J Kayser*  
Signature of officer administering oath

MARY J KAYSER  
Printed name of officer administering oath

*City Secretary*  
Title of officer administering oath

# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>DENNIS P. SHINGLETON</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>10,350.-</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ <i>25,066.24</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1 of 7**

2 FILER NAME **DENNIS SINGLETON**

3 Filer ID (Ethics Commission Filers)

4 Date **5/2/15**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Arlio Savenport Jr.**

7 Amount of contribution (\$)  
**\$ 150.-**

6 Contributor address; City; State; Zip Code  
**4070 Clarke Fort Worth TX 76107**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **5/2/15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Caroline Dulle**

Amount of contribution (\$)  
**\$ 50.-**

Contributor address; City; State; Zip Code  
**1217 Clover Lane Fort Worth TX 76107**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **5/2/15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Michael & Janet Barnard**

Amount of contribution (\$)  
**\$ 300.-**

Contributor address; City; State; Zip Code  
**4237 Wells Dr. Fort Worth TX 76135**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **5/2/15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Mike & Sharon Sands**

Amount of contribution (\$)  
**\$ 250.-**

Contributor address; City; State; Zip Code  
**4740 Dexter Ave Fort Worth TX 76107**

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

277

2 FILER NAME

Dennis Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

5/2/15

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

Fort Growth Partners LP

6 Contributor address; City; State; Zip Code

1000 Foch St. Ste 110  
Fort Worth TX 76107

7 Amount of contribution (\$)

\$1000.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/2/15

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

David & Suzanne Hooper

Contributor address; City; State; Zip Code

7805 Regatta Cnt.  
Fort Worth TX 76139

Amount of contribution (\$)

\$ 100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/15

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

Theodis & Wynness Ware

Contributor address; City; State; Zip Code

6332 Warwick Hills Dr.  
Fort Worth TX 76132

Amount of contribution (\$)

\$ 200.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/6/15

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

Mac Churchill

Contributor address; City; State; Zip Code

611 Kinocrest Dr.  
Fort Worth TX 76107

Amount of contribution (\$)

\$ 500.-

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3/7**

2 FILER NAME

**Donnis Singleton**

3 Filer ID (Ethics Commission Filers)

4 Date

**5/6/15**

5 Full name of contributor

**Gary W. Terry**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$100.-**

6 Contributor address; City; State; Zip Code

**117 Shady Lake Cir Hurst TX 76054**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**5/6/15**

Full name of contributor

**Margaret DeMoss**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$50.-**

Contributor address; City; State; Zip Code

**2600 W. 7th St. Ste 2644 Fort Worth TX 76107-9311**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**5/6/15**

Full name of contributor

**Susan Urshel**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

~~**\$500.-**~~  
**\$25.-**

Contributor address; City; State; Zip Code

**1312 Madeline Pl. Fort Worth TX 76107**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**5/6/15**

Full name of contributor

**Paul Andrews Jr.**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$500.-**

Contributor address; City; State; Zip Code

**700 Jenkins Rd. Aledo TX 76008**

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.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4087**

2 FILER NAME

**Dennis Singleton**

3 Filer ID (Ethics Commission Filers)

4 Date

**5/6/15**

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

**Loftin Witcher**

7 Amount of contribution (\$)

**\$100.-**

6 Contributor address; City; State; Zip Code

**3991 W. Vickery Blvd.  
Fort Worth TX 76107**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**5/9/15**

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

**Robert West**

Amount of contribution (\$)

**\$200.-**

Contributor address; City; State; Zip Code

**301 Commerce St. Ste 3500  
Fort Worth TX 76102**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**5/9/15**

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

**Charlie Powell**

Amount of contribution (\$)

**\$200.-**

Contributor address; City; State; Zip Code

**PO Box 444  
Hurst TX 76053-0444**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**5/9/15**

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

**James Dannenbaum**

Amount of contribution (\$)

**\$1000.-**

Contributor address; City; State; Zip Code

**3100 W. Alabama St.  
Houston TX 77098**

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

597

2 FILER NAME

Donnis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

5/9/15

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

Charlie Geren

7 Amount of contribution (\$)

\$500. -

6 Contributor address; City; State; Zip Code

PO Box 1440 Fort Worth TX 76101

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/9/15

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

Robert McLean

Amount of contribution (\$)

\$2000. -

Contributor address; City; State; Zip Code

226 Bailey Ave Ste 106 Fort Worth TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/15/15

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

Mike & Maureen Sause

Amount of contribution (\$)

\$250. -

Contributor address; City; State; Zip Code

2678 Edward Ave Baton Rouge La 70808

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/15/15

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

Russell & Kathryn Laughlin

Amount of contribution (\$)

\$250. -

Contributor address; City; State; Zip Code

3717 Fox Hollow Fort Worth TX 76109

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.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

687

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

5/15/15

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

Zelime & Tim Ward

7 Amount of contribution (\$)

\$25.-

6 Contributor address; City; State; Zip Code

3601 Monticello Dr.  
Fort Worth TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/15/15

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

Gary Fickes

Amount of contribution (\$)

\$100.-

Contributor address; City; State; Zip Code

4021 Hilltop Dr.  
Southlake TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/15/15

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

Mike & Linda Groomer

Amount of contribution (\$)

\$100.-

Contributor address; City; State; Zip Code

6324 Skylark Circle  
Fort Worth TX 76180

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/15/15

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

Apartment Assoc. of TC - Perry Pillars

Amount of contribution (\$)

\$2000.-

Contributor address; City; State; Zip Code

PAC  
6350 Baker Blvd.  
Richland Hills TX 76118

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

787

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

6/22/15

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

Bill Boecker

7 Amount of contribution (\$)

\$400.00

6 Contributor address; City; State; Zip Code

3566 Hamilton Ave  
Fort Worth TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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 FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dennis Shingleton</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/11/2015</i>	5 Payee name <i>Original Mexican Restaurant</i>	
6 Amount (\$) <i>726.48</i>	7 Payee address; City; State; Zip Code <i>4713 CAMP BONIE BLVD FORT WORTH TX 76107</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food Beverage Expense Watch Party</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>5/11/2015</i>	Payee name <i>Eppstein Group</i>
Amount (\$) <i>9,865.39</i>	Payee address; City; State; Zip Code <i>4055 International Plaza Suite 600 FORT WORTH TX 76189</i>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/11/2015</i>	Payee name <i>Eppstein Group</i>
Amount (\$) <i>2,366.85</i>	Payee address; City; State; Zip Code <i>4055 International Plaza Suite 600 FORT WORTH TX 76189</i>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete <u>ONLY</u> 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dennis Shingleton</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5/13/2015</i>	5 Payee name <i>Kara Lawrence</i>
----------------------------	--------------------------------------

6 Amount (\$) <i>\$1000.-</i>	7 Payee address; City; State; Zip Code <i>3250 River Lodge Trail South Fort Worth TX 76116</i>
----------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) <i>Salaries</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>5/13/2015</i>	Payee name <i>Cube Smart Self Storage</i>
--------------------------	--

Amount (\$) <i>\$103.60</i>	Payee address; City; State; Zip Code <i>3969 Boat Club Rd Lake Worth TX 76135</i>
--------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Rental Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>5/18/2015</i>	Payee name <i>Eppstein Group</i>
--------------------------	-------------------------------------

Amount (\$) <i>2755.92</i>	Payee address; City; State; Zip Code <i>4055 International Plaza Suite 600 Fort Worth TX 76189</i>
-------------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) <i>Printing Expense Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	--

Complete <u>ONLY</u> 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 FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dennis Shingleton</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>6/05/2015</i>	5 Payee name <i>Kelly Allen Gray</i>
----------------------------	---

6 Amount (\$) <i>\$ 250.-</i>	7 Payee address; City; State; Zip Code <i>1000 THROCKMONTON ST. FORT WORTH TX 76102</i>
----------------------------------	--

8  PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>6/11/2015</i>	Payee name <i>EPSTEIN GROUP</i>
--------------------------	------------------------------------

Amount (\$) <i>\$ 7500.-</i>	Payee address; City; State; Zip Code <i>4055 INTERNATIONAL PLAZA Suite 600 FORT WORTH TX 76189</i>
---------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>6/12/2015</i>	Payee name <i>Houlihans Restaurant</i>
--------------------------	---

Amount (\$) <i>\$ 91.30</i>	Payee address; City; State; Zip Code <i>9365 RAIN LILLY TRAIL FORT WORTH TX 76177</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dennis Shingleton</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>6/15/2015</i>	5 Payee name <i>US POSTAL SERVICE</i>
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6 Amount (\$) <i>\$ 49.-</i>	7 Payee address; City; State; Zip Code <i>3101 W. 6th St. FORT WORTH TEXAS 76107</i>
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8  PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense Stamps</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/6/2015</i>	Payee name <i>US POSTAL SERVICE</i>
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Amount (\$) <i>\$ 49.-</i>	Payee address; City; State; Zip Code <i>3101 W. 6th St. FORT WORTH TEXAS 76107</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense Stamps</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/7/2015</i>	Payee name <i>Hillside Community Church</i>
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Amount (\$) <i>\$100.-</i>	Payee address; City; State; Zip Code <i>9915 RAY WHITE FORT WORTH TEXAS 76177</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Dennis Shingleton</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>7/13/2015</i>	5 Payee name <i>ROTARY CLUB OF FORT WORTH</i>
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6 Amount (\$) <i>\$ 300. -</i>	7 Payee address; City; State; Zip Code <i>306 W. 7th St. Ste 715 FORT WORTH TX 76102</i>
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8  PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Other Membership</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> 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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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