	* a		34567		
Texas Ethics Commissi	on P.O. Box 12070 A	ustin, Texas 78	070 (512) 48	3-800 (TDI	D 1-800-735-2989
CANDIDA	TE / OFFICEHOL		O70 E FONT WORTH	FOR	м С/ОН
The C/OH Instruction	Guide explains how to complete t		COUNT # COUNT	Total pages filed	): 7
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  ENVI 5  NICKNAME LAST		MI	Date Received	AL RECORD
4 CANDIDATE / OFFICEHOLDER MAILING	SHINKLETON  ADDRESS / PO BOX; APT/SUITE#;  PO BOX 470:	•	STATE; ZIP CODE	1 1	SECRETARY ORTH, TX
ADDRESS change of address  CANDIDATE/ OFFICEHOLDER PHONE	FORT WORTH  AREA CODE PHONE NUMBER  (817) 236-796	E	76147 extension	Receipt # Date Processed	Amount
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  MR. SEE  NICKNAME LAST	. To	MI 	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);  20 / MAIN ST  FOLT WILLTA  AREA CODE PHONE NUMBER	· ·	ITY; STATE;  2	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  ( )  8/7 332		XTENSION		
9 REPORT TYPE		fore election E	Runoff [	15th day after ca treasurer appoint (officeholder only)  Final report (Attach	ment
10 PERIOD COVERED	Month Day Year 7 / 16 / 14	THROUGH	Month Day / / / / / / / / / / / / / / / / / / /	Year	
11 ELECTION	Month Day Year ELECT	∏ONTYPE Primary ∏ Rur	noff Ga	eneral	Special
12 OFFICE	CITY COUNCILMAN FOLT WOLTH DIST.		FICE SOUGHT (if known)	#. , ·	

GO TO PAGE 2

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	INIS P.	SHINGLETON 15	ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID. ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH	ATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 57,825
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4,829.22
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 4,829.22 \$ 76,912.11
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ _ 0 _
18 AFFIDAVIT		I swear, or affirm, under penalty of pe is true and correct and includes all inf me under Tale 15, Election Code.	
MY CO	ALD P. GONZALES MMISSION EXPIRES May 17, 2016	Signature of Jandid	ate or Officeholder
Sworn to and subs		ne, by the said $\frac{Dennis}{N}$ , so $\frac{15}{15}$ , to certify which, witness my	this the
Signature of officer admin	Im yul	RONAL P. Gmzales Printed name of officer administering oath	Title of officer/pliministering oath

6-11-21

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Sch	nedule A:
2 FILER NAM	DENNIS SHINGLET		3 ACCOUNT # (E	thics 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)
114 21/0	6 Contributor address; City; State; Zip Code 4/13 BUNTING AVE		+ 100	1 
	FORT WORTH TX 7610		(If travel outside	of Texas, complete Schedule T)
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor   out-of-state PAC (ID#.		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/13/14	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	\$ 250	
	Fort Worth Tx 76107		(If travel outside o	of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See In		reads, complete consider 17
Date	Full name of contributor out-of-state PAC (ID#_	1	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/13/14	Contributor address; City; State; Zip Code		\$ 100.00	l . 
	Fart Works Tx 76121		(if travel outside o	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See Ins		r roxas, complete donedate 1)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
0/13/14	S708 Andwage Ct.	4	100.00	
	1 Fre 1.24 ( 7/179	1	ŀ	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins		f Texas, complete Schedule T)
Principal occu		Employer (See Ins		f Texas, complete Schedule T)
Principal occu	Full name of contributor out-of-state PAC (ID#_			In-kind contribution description (if applicable)
	Full name of contributor out-of-state PAC (ID#_  Burn Bette Tavr/unds  Contributor address; City; State; Zip Code		Amount of	In-kind contribution
	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution

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### SCHEDULE A

Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch	hedule A:
2 FILER NAM	DENNIS SHINGLETO	N	3 ACCOUNT # (E	Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#_  Mr + Mrs John V Roach	,	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
1/13/14	6 Contributor address; City; State; Zip Code		\$500.00	 
	Fort Worth Tx 761	09	(If travel outside	of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Theodoxe Taka to		Amount of contribution (\$)	In-kind contribution description (if applicable
(13/14	Contributor address; City; State; Zip Code  3736 Clark Ave  Fb Tx 76107		\$ 100.00	  -  -
Principal occu	upation / Job title (See Instructions)	Employer (See Ir		of Texas, complete Schedule T)
Date 8/13/14	Full name of contributor out-of-state PAC (ID#_  Ann U Fadden  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	4821 Bryce Ave Fort Worth Tx76107  Ipation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/13/14	Contributor address; City; State; Zip Code  4070 Clarke  Fort Worth Tx 76107		\$ 150	
Principal occu	pation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
	Full name of contributor	· · · · · · · · · · · · · · · · · · ·	A	
Date	out-of-state PAC (ID#		Amount of   contribution (\$)	In-kind contribution description (if applicable)
Date	Contributor address: City: State: Zin Code		1 _	
7/13/14		3500	\$250	
[/13/14		i		Texas, complete Schedule T)

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P.O. Box 12070

## SCHEDULE A

·	e Instruction Guide explains how to complete this form.	1 Total pages Sch	nedule A:
2 FILER NAME	DENNIS SHINGLETON	3 ACCOUNT # (E	Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8/13/14	6 Contributor address; City; State; Zip Code 200 Texas Lay	\$500	  -  -
	Fort Worth Tx 7406	(If travel outside	of Texas, complete Schedule T)
Principal occu		loyer (See Instructions)	91,014,000,000
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/13/14	Contributor address; City; State; Zip Code	\$ 250	
Principal occu	Fort Work Tx 76111	(If travel outside o	of Texas, complete Schedule T)
·	,	,	·
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
- / 4		•	
8/13/14	Contributor address; City; State; Zip Code 3/16 W. 64 St. He 200	\$100	
8/13/14	Contributor address; City; State; Zip Code 3116 W. 64 St. He 200 Fort Work Tx 76107	i i	of Texas, complete Schedule T)
	Contributor address; City; State; Zjp Code 3116 W. 64 St. He 200  Fort Work Tx 76107	i i	of Texas, complete Schedule T)
	Contributor address; City; State; Zip Code  3/16 W. 6 4 St. Je 200  Port Work Tx 76/07  pation / Job title (See Instructions)  Full name of contributor	(If travel outside o	of Texas, complete Schedule T)  In-kind contribution description (if applicable)
Principal occu	Contributor address; City; State; Zip Code  3/16 W. 64 Sh She 200  Port Work Tx 76/07  pation / Job title (See Instructions) Emplo	(If travel outside of open (See Instructions)  Amount of	In-kind contribution
Principal occup	Contributor address; City; State; Zip Code  3/16 W. 6 4 5	(If travel outside of open (See Instructions)  Amount of contribution (\$)  (If travel outside of the contribution open (\$)	In-kind contribution
Principal occup	Contributor address; City; State; Zip Code  3/16 W. 6 4 5	(If travel outside of open (See Instructions)  Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	Contributor address; City; State; Zip Code  3/16 W. 64 St. Je 200  Fort Work Tx 76/07  pation / Job title (See Instructions)  Full name of contributor	(If travel outside of open (See Instructions)  Amount of contribution (\$)  (If travel outside of the contribution open (\$)	In-kind contribution description (if applicable)
Principal occup	Contributor address; City, State; Zip Code  3/16 W. 64 Sh. Je 200  Fort Work Tx 76107  pation / Job title (See Instructions)  Full name of contributor	(If travel outside of oper (See Instructions)  Amount of contribution (\$)  (If travel outside of oper (See Instructions)	In-kind contribution description (if applicable) f Texas, complete Schedule T)
Principal occup  Date  Principal occup  Date	Contributor address; City; State; Zip Code  3/16 W. 6 4 5	(If travel outside of cover (See Instructions)  Amount of contribution (\$)  (If travel outside of cover (See Instructions)  Amount of contribution (\$)	In-kind contribution description (if applicable) f Texas, complete Schedule T)

P.O. Box 12070 Austin, Texas 78711-2070

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

The Instruct	tion Guide explains how to complete this f	form.	1 Total pages Sch	edule A:
2 FILER NAME	ENNIS SHINGLETO		3 ACCOUNT # (E	thics 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)
8/13/14 6 001	ntributor address; City; State; Zip Code  Chimney Hill M.		\$50.00	
1	Frlington tx 76012		(If travel outside o	of Texas, complete Schedule T)
9 Principal occupation / J	lob title (See Instructions)	10 Employer (See In	structions)	
Date Full	name of contributor		Amount of	In-kind contribution
Charles F.	1050 + Nichols PAC		contribution (\$)	description (if applicable)
405		Sto 200	\$250	;
	FORT WORK TX 76109		ا If travel outside o)	f Texas, complete Schedule T)
Principal occupation / J	ob title (See Instructions)	Employer (See In		
Date Full	name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/13/14   Cor 306	tributor address; City; State; Zip Code  W. 7454. Step 901  TX 76102		\$ JOD	of Texas, complete Schedule T)
Principal occupation / J	ob title (See Instructions)	Employer (See In	structions)	
8/13/14 Full 60n	name of contributor out-of-state PAC (ID#  ### ### JOSIP JONE   htributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
77	Taylor St. Ste 103	0	\$250	·
7	ort worth Tx 76102		(If travel outside o	f Texas, complete Schedule T)
Principal occupation / J	ob title (See Instructions)	Employer (See In:	structions)	
Date Full	name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
01.	The H- Maddux		contribution (\$)	description (if applicable)
0/13/14 212	tributor address; City; State; Zip Code 20 Ridgaman Blva. Sta	14	\$100	
$\mathcal{L}$	ory worth Tx 76116		(If travel outside of	f Texas, complete Schedule T)
Principal occupation / J	ob title (See Instructions)	Employer (See Ins	-4	· i toxas, complete conteate 17
		· ··		

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Texas Ethics Commission

## SCHEDULE A

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A:
2 FILER NAME	DENNIS SHINGL	ETON	3 ACCOUNT # (E	thics 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)
8/14/14	6 Contributor address; City; State; Zip Code 3882 South Hills Circu	le	\$ 125	[ ]
·	Fort worth Tx 76109		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	All name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/14/14	8909 Prossuria de Fort Worth Tx 76/79		≠/00.	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		ir rexas, complete scriedule 1)
Date	Rull name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/14/14	Contributor address; City; State; Zip Code  2412 Medford Ct. East  Fort Work Tx 76109		<b>≸</b> /00. <sup>™</sup> (If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date Olive	Full name of contributor out-of-state PAC (ID#_  Mary Falko		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/14/14	Contributor address; City; State; Zip Code  2409 WINTEN TEMALE WE  FIXT WORK TX 76/0	ast 9	# /00 . de	f Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See II		
Date	Full name of contributor out-of-state PAC (ID#_  6. Phillips + Mary Pools		Amount of contribution (\$)	In-kind contribution description (if applicable)
0/14/14	3637 Watering Tx 76/	07	\$250, -	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		Tonco, complete delleddie 1/

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### SCHEDULE A

			4 Total names Cal	andula A
The	Instruction Guide explains how to complete the	is form.	1 Total pages Sch	25.
2 FILER NAME	DENNIS SHINGLE	<del>5</del> 70U	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_	or	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8/14/14	6 Contributonaddress; Otty; State; Zip Code POX 121969  For 4 Lorth Tx 76/2/		\$250	}   
	1014 horth 1x 16121		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / 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)
8/14/14	Contributor address; City; State; Zip Code 2600 W. 74 St. #/83:	3	\$ 100 00	
	Fort work Tx 761	0/	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor   out-of-state PAC (ID#:	h	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/14/14	Contributor address: City; State; Zip Code 1419 Thomas Place Fory Worsh Tx 761	_	\$ 250	
Principal occur	pation / Job title (See Instructions)	T	<del> </del>	of Texas, complete Schedule T)
Principal occup	valion / Job title (See instructions)	Employer (See I	instructions)	
Date	Full name of contributor Out-of-state PAC (ID#_  Toni   Bill Boecker		Amount of   contribution (\$)	In-kind contribution description (if applicable)
8/14/14	Contributor address; City; State; Zip Code 3566 Hamilton AVL Fort Worn Tx 7610		\$ 500 00	
Principal occup	pation / Job title (See Instructions)	Employer (See I	<del></del>	f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_  Robert W Brown M	<b>b</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/14/14	Contributor address; City; State; Zip Code 4/00 Clarke Ave Ant Juny Tx 76/6	07	\$ 100 =	f Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In		i ionas, complete constatte i)
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## SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	DENNIS SHINGL	ETON	3 ACCOUNT # (E	thics 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)
8/14/14	6 Contributor address City; State; Zip Code 4453		≠/000. —	[   
	POY WOTH TX 76107		(If travel outside	I of Texas, complete Schedule T)
9 Principal occu	pation / 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)
8/14/14	Contributor address; City; State; Zip Code		\$ 1000	
	EULESS TX 76034		(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_  Edward P. Bass, Special	<u>.</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/15/14	Edward P. Bass, Special Contributor address; City; State; Zip Code 201 Main & Suite 25 Fort horth 7x	700 8 Z	#2500. —	      of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_  GOOD GOVEYNMENT TUNA  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/15/14	201 Main St. Suite 2500	7	<del>\$2510.</del> -	
Principal occup	FOVT WORK 7x 76102 pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date 01/	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
0/15/14	Contributor address; City; State; Zip Code 201 Mam St July 250		\$ 2500	
	fort NOVA 1x 76102		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

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### SCHEDULE A

		1 Total pages Sch	edule A <u>:</u>
The Instruction Guide explains how to complete th	is form.		25
2 FILER NAME DENVIS SHINGLES	ON	3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8/15/14 6 Contributor address; City; State; Zip Code 749 N. Maru St.		₹250	[    -
FOXY WORK TX 7610	64	(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)
8/5/14 Contributor address; City; State; Zip Code 117 Shady LUK! CH LUMG T. 76054	•	\$100	
HWIST 7x 70034	····		of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I	nstructions)	
Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Rip code  ### AD 2   HILHELD   No. 7	6092	\$ /00	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I		,
Date Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
S/15/14 Contributor address; City; State; Zip Code 909 Alta Grive	_	\$5000	:
Fort Worth 1x 761	107	(If travel outside o	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See II	nstructions)	
Date  Full name of contributor  out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
70rt Works 7x 7610		\$100.°	
Principal occupation / Job title (See Instructions)	Employer (See In	<del></del>	f Texas, complete Schedule T)
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Texas Ethics Commission

## **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)
1 DENNIS SHINGLETT	
4 Date 5 Full name of contributor out-of-state PAC (ID#_  Kar/ + Namy Komatsu	7 Amount of contribution (\$) description (if applicable)
8/15/14 6 Contributor address; City: State; Zip Code 3905 Lenox In.	\$500
fort worth 1x 7	6107 (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 In-kind contribution
Jim + Toni Wetholi	contribution (\$) description (if applicable)
8/15/14 Contributor address; City; State; Zip Code 3706 (NSHine Rd	\$250
Fort WOOK Tx 7610	(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 In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code 1585 Kelly Ld.  Part Walth Tx 76008	Note \$250
7011 60142	(ii itare) estate or roster, estriptore estretate ry
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:    Sold	Amount of In-kind contribution description (if applicable)
4710 Dexter  First horse Tx 7	(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 In-kind contribution contribution (\$) description (if applicable)
13/14 /201 N. BOWSER Rd.	₹500.—
*XICHURDSON /X /3	(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 thi	is form.	1 Total pages Sch	nedule A:
2 FILER NAME	DENNIS SHINGLETT	PN .	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/13/14	6 Contributor address; City; State; Zip Code 4250 Sarifa Cf.		\$500	 
	FORT WATE IT		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / 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)
8/15/14	Contributor address City; State; Zip Code		¥100	! 
	Fort booth Tx 76108		(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	
Date 8/19/14	Full name of contributor out-of-state PAC (ID#_ Wayreen + Wilk Saus Contributor address; City; State; Zip Code 2678 Edward All Baken Rouge La.		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See I	·	of Texas, complete Schedule T)
		<u> </u>		
Date 8/4/	Full name of contributor out-of-state PAC (ID#)  Marsha FIETY WING  Contributor address; City; State; Zip Code	ht	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/14	1605 Ashland Fort World Tx 7	6107	1/00.	47
	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date Glass	Full name of contributor out-of-state PAC (ID#_Barney B. Hulland		Amount of contribution (\$)	In-kind contribution description (if applicable)
0117/14	Contributor address; City; State; Zip Code PO BOX 1260  Fort Worth Tx 7		₹500	
Principal occu	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
		I		

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## SCHEDULE A

			<u></u>	
The	e Instruction Guide explains how to complete thi	is form.	1 Total pages Sch	iedule A:
2 FILER NAME		LETON	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ Woyne & Askley Ower	L	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
0/14/10	6 Contributor address; City; State; Zip Code 87/7	e 16179	\$/25	!   
	FORT LUDENZ IX		(If travel outside of	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/19/18	Contributor address; City; State; Zip Code 4740 DEXTEN AVE	_	\$100	
	Fort Worth Tx 761	<i>'07</i>	(If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		1 lexas, complete concease .,
Date	Full name of contributor out-of-state PAC (ID#_  Stacey Java rucko		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/19/18	Contributor artiferes; City; State; Zip Code 617 US Twood AVI.		\$1000 -	
l	Fort Worth Tx 7	6101	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/21/18	Contributor address; City; State; Zip Code 1509 North Chart Ct.  Fort Wirth Tx 761		\$100	;
		<u>,                                      </u>		f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date 7/21/19	Full name of contributor out-of-state PAC (ID#	•	Amount of contribution (\$)	In-kind contribution description (if applicable)
טוןיין	8908 Crest Wood &.	16179	\$ /00.—	f Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In		rexas, complete constant i
			<del></del>	

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## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

The !	nstruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A:	
2 FILER NAME	DENNIS SHINGL	STON	3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#_ Bill & Patricia Ulado	ws	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
8/21/18	6 Contributor address; City; State; Zip Code 3904 HAMI/HM AVE		<i>\$250.</i> -	    -	
	Fort Worsh Tx 7610	7	(If travel outside	of Texas, complete Schedule T)	
9 Principal occupa	ation / Job title (See Instructions)	10 Employer (See	Instructions)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
0/2.1	Jim Dunaway				
8/21/18	Contributor address; City; State; Zip Code	. /	*250		
	Fort Worth Tx 7	16102	(If travel outside o	of Texas, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employer (See I	<u> </u>	, company of the second	
Date	Full pame of contributor out-of-state PAC (ID#_Vernell + Debra Students)	rns	Amount of contribution (\$)	In-kind contribution description (if applicable)	
8/21/18	Contributor address; City; State; Zip Code 6/2 High woods Tr.  Fast World Tx	76/12	\$ /00 m	of Texas, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	or reads, complete constants ry	
Date	Full name of contributor out-of-state PAC (ID#_  Beth Faulty Gide  Contributor address: City: State: Zip Code	<b>M</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
14/18	3812 Monticello De		\$250		
	tort works Tx 16	5107	(If travel outside o	of Texas, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full/name of contributor   cout-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
8//12/0	Contributor address; City; State; Zip Code  Po TSox 122269  Fort Worth Tx 761	17./	\$500		
	1011 1001111			f Texas, complete Schedule T)	
Principal occupa	tion / Job title (See Instructions)	Employer (See I	nstructions)		

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## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

## SCHEDULE A

Juan   Sub Beuda   500   6 Contributor address; City; State; Zip Code   500   608 Paurit Pony Trn   701	Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
July   6 Contributor address; City: State; Zip Code   Solid	2 FILER NAME		<del>TI</del> W	3 ACCOUNT # (E	thics Commission Filers)
Principal occupation / Job title (See Instructions)   10 Employer (See Instructions)	4 Date	5 Full name of contributor out-of-state PAC (ID#:_  Sub Bendu	?		8 In-kind contribution description (if applicable)
Date   Full name of contributor   collections   contribution   con	8/21/14	608 Paint Pony Tr	SN.	\$500	 
Date   Full name of coastilator   Opt-of-state PAC(IDR   Amount of contribution (\$)   In-kind contribution (\$)			<u>'00</u>	(If travel outside	of Texas, complete Schedule T)
Secontribution (S)   description (if applicable)	9 Principal occu	upation / Job title (See Instructions)	10 Employer (See	Instructions)	
Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address; City; State; Zip Code  2429 Rogers All  Contributor address; City; State; Zip Code  250  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address; City; State; Zip Code  1312 Made (Inie P)  Full name of contributor  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  In-kind contribution description (if applicable)  10	Date	Jeff & Kinda Welltworth	<u> </u>		In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor	8/21/14	5020 Bryce Ave		\$250	
Date   Full name of contributor   out-of-state PAC (IDIX   Amount of description (If applicable)		FORT WORK 1 x 101	107	(if travel outside o	of Texas, complete Schedule T)
Solution	Principal occu	upation / Job title (See Instructions)	Employer (See		
Principal occupation / Job title (See Instructions)   Employer (See Instructions)	Date 0/22/2/	Michael Bennett /ME			•
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor out-of-state PAC (ID#	ofugit	2429 Rogers AVE	_	\$ 250	
Date Full name of contributor   out-of-state PAC (ID#		fort work 1x 10	707	(If travel outside	of Texas, complete Schedule T)
Rul Schuldt or Susan Urshe   Contribution (if applicable)	Principal occu	ipation / Job title (See Instructions)	Employer (See	Instructions)	
Rul Schuldt or Susan Urshe   Contribution (if applicable)	Date	Full name of contributor out-of-state PAC (ID#	)		
13/12   Made (Initial Procession of Proces	8/22/14	Paul Schwidt or Susan	Urshel	contribution (\$)	description (if applicable)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) In-kind contribution description (if applicable)    VICO/O GENUA   Contributor address; City; State; Zip Code	١٠١٠	1312 Madeline Pl		MUSICULA	
Date   Full name of contributor   out-of-state PAC (ID#)			·		of Texas, complete Schedule T)
8/22/14  NICO/O GENUA Contributor address; City; State; Zip Code  508 N. Bailey Aul Fort Work Tx 76/07  (If travel outside of Texas, complete Schedule T)	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Fort Work Tx 76107 (If travel outside of Texas, complete Schedule T)	Date	Full name of contributor out-of-state PAC (ID#			
	8/22/14			\$250	
		Fort MONT TX76	107	(If travel outside o	of Texas, complete Schedule T)
1 11100Db; 0000Dailot; , yew and 1,	Principal occu				1 lexas, complete consum.

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#### SCHEDULE A

(512) 463-5800

The Instruction Guide explains how to complete this form.  1 Total pages Schedule A: 25  2 FILER NAME    Detail   Detail name of contributor					
Dele   S Full name of contributor   que-of-state PPC_(DR   Contribution (\$)   Rescription (if applicable)	The	Instruction Guide explains how to complete thi	is form.	1 Total pages Sch	nedule A:
Rey   FAT HYER   Contribution (\$)   description (ff applicable)	2 FILER NAME	DENNIS SHINGLE	TON	3 ACCOUNT # (E	Ethics Commission Filers)
Principal occupation / Job title (See Instructions)  Date    Pull name of contributor	4 Date	RON & PAT HYER			
Principal occupation / Job title (See Instructions)  Date    Pull name of contributor	8/22/14	6 Contributor address; City; State; Zip Code 6401 Cahoba		¥/00	 
Date   Full name of contributor   out-of-state PAC(IDIX   Amount of contribution (if applicable)				(If travel outside	of Texas, complete Schedule T)
Carter Burdette Contributor address: City: State: Zip Code 600 W. 6 S. S. Surte 300  Port Work Tx. 76/02  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date Pull name of contributor out-of-state PAC (IDIX South Four Contribution (S) description (if applicable)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  In-kind contribution description (if applicable)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution description (if applicable)  Food South Food (Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (s) description (if applicable)  Employer (See Instructions)  Food South Food (Instructions)  Employer (See Instructions)  Employer (See Instructions)  In-kind contribution description (if applicable)  In-kind contribution (s) In-kind cont	9 Principal occup			Instructions)	
Principal occupation / Job title (See Instructions)  Date    Full name of contributor   out-of-state PAC (IDIX   SAMUSOM   Contributor address; City; State; Zip Code   Save   Contributor address; City; State; Zip Code   Save   Contributor address; City; State; Zip Code   Contributor   Out-of-state PAC (IDIX   Contributor of Contribution (S)   Out-of-state PAC (IDIX   Contributor of Contributor   Out-of-state PAC (IDIX   Contributor   Out-of-state	Date 9/22 /	Carter Burdette			,
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  In-kind contribution description (if applicable)  Amount of contribution (\$)  Amount of contribution (\$)  Contributor address; City: State; Zip Code  775	944	600 W. 64 St. Suit	9 300	\$50	 
Date   Full name of contributor   out-of-state PAC (ID#   DAB   SHERRY   SRAWSOM   Contributor address; City; State; Zip Code   Fort   Lory   Tx 76/35   (If travel outside of Texas, complete Schedule T)    Principal occupation / Job title (See Instructions)   Employer (See Instructions)		FORT WORTH 1 × 76,	102	(If travel outside o	i of Texas, complete Schedule T)
Contributor address; City; State; Zip Code  775/ Value Cf Fort Lory Tx 16/35  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor out-of-state PAC (IDIK STORY LORY LORY Contributor address; City; State; Zip Code  Fort Lory Lory Fort Lor	Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor   out-of-state PAC (ID#   Contribution (\$)   In-kind contribution (\$)   description (if applicable)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  In-kind contribution (\$)   In-kind	Date 8/2) /.'	DUB & SHERRY BRA			•
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor	700/14	7751 Vdali Ct			 
Bens Cori Loughry  Contributor address; City; State; Zip Code  5309 El Camino  Fort With Tx 76/07  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor out-of-state PAC (ID#)  Amount of contribution (\$) In-kind contribution description (if applicable)  8/22/4  Contributor address; City; State; Zip Code  PO Box 150689  Fort Work Tx 76/04  (If travel outside of Texas, complete Schedule T)	Principal occup		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	or rexas, complete scriedule 1)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor	Date 8/22-/	Ben: Lori Loughe	y		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor	0/20/14				of Tayas complete Schedule TV
8/22/14 TOE WALLER  Contributor address; City: State; Zip Code  PO Box 150689  Fort Work Tx 76/06  (If travel outside of Texas, complete Schedule T)	Principal occup				reses, complete ourieduse 1/
Fort Works Tx 76/06 (If travel outside of Texas, complete Schedule T)	Date	Full name of contributor   out-of-state PAC (ID#_	)		
	0/22/14	PO BOX 150689		4/00.	of Texas, complete Schedule T\
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Principal occup	ation / Job title (See Instructions)	Employer (See In		

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### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	DENNIS GUNGLETON	J	3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8/22/14	6 Contributor address; City; State; Zip Code 8609 (MSSWING)		\$500	
	Fort Work TX 761	79	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Pate 9/22/14	Full name of contributor out-of-state PAC (ID#_  Russell i Kafky Laush)  Contributor address; City; State; Zip Code	in	Amount of contribution (\$)	In-kind contribution description (if applicable)
75577	3717 Fox Hollow	179	# 250	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		r lexas, complete scriedule 1)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
0/22/14	So40 Valley Dr. Nor4 Richland Hills	× 76/82	\$250	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See li	nstructions)	
Date 8/22/	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
7-7/4	3731 Waterviau IV.		\$ 100-	
Dringing!	Lrving /x 73039	Employer (See I		f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See ii	istructions)	
8/22/14	Full name of contributor out-of-state PAC (ID#:	ider	Amount of contribution (\$)	In-kind contribution description (if applicable)
	1401 Woodborough LN Keller Tx 7624	16	<del>4</del> /50	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>		f Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ir	nstructions)	

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## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

### SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME SENNIS SHINGLETON	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
6 Contributor address; City, State; Zip Code	\$100.
Fort Work Tx 76109	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employe	er (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:    Steven   Katherine Aldrich	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code  4001 Gneen briev &.	\$100
Dallas Tx 75225	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employe	er (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
8/22/14 Contributor address: City: State: Zip Code 6425 Klamath Rd.	\$2500
fort above Tx 76116	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employe	er (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code 3901 W. 44 SA	\$250
Principal occupation / Job title (See Instructions)  Employee	(If travel outside of Texas, complete Schedule T) or (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	) Amount of In-kind contribution
8/22/4/ Stephen Berry Contributor addless; City; State; Zip Code	contribution (\$) description (if applicable)
1717 Ashland Ave	<i>₱200.</i> −
Fort Work Tx 76/07	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employe	er (See Instructions)

P.O. Box 12070

## SCHEDULE A

(512) 463-5800

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME DENNIS STINGLETON	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)
8/22/14 6 Contributor address; City; State; Zip Code 6709 Georgia ALL Nova Richland Hills Tx 76/80	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See	<del></del>
Date Full name of contributor out-of-state PAC (ID#)	Amount of In-kind contribution contribution (\$) description (if applicable)
8/22/14 Contributor address; City, State; Zip Code 75 79 Surffield W. Fowl INVIL Tx 76/35	\$ 150
Principal occupation / Job title (See Instructions)  Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)
Date  Full name of contributor out-of-state PAC (ID#)  Cherry C. Richardson  Contributor address; City; State; Zip Code	Amount of contribution (\$) description (if applicable)
took book Tx 76107	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Date  Full name of contributor  S/22/14  Contributor address; City; State; Zip Code  8437 Island VIII Dr.	Amount of contribution (\$) In-kind contribution description (if applicable)
Fort born Tx 76135	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	<del></del>
Date   Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description (if applicable)
First Low Tx 76/36  Principal occupation / Job title (See Instructions)  Employer (See	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See	manucuona)
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#### Texas Ethics Commission

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

The	Instruction Guide explains how to complete thi	is form.	1 Total pages Sch	nedule A:
2 FILER NAME	SENNIS SHINGLETON		3 ACCOUNT # (E	thics 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)
0/24/14	6 Contributor address; City; State; Zip Code		\$100	]    -
	Fort Love Tx 76	108	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date C/2.	Full name of contributor   out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/22/14	Contributor address: City; State; Zip Code	dq	\$1000	   
B	fort worth 1x 7610	Employer (See		of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See	mstructions)	
Date 8/22/11/	Full name of contributor out-of-state PAC (ID#:  A HOU HOUGE IT  Contributor address; City; State; Zip Code	<del>p)</del> •	Amount of contribution (\$)	In-kind contribution description (if applicable)
/ //	306 W. 74 SA SWI	fq 701 6102	<b>₹500.</b> — (If travel outside	       of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date 8/22/v/	Full name of contributor out-of-state PAC (ID#_	Ker	Amount of contribution (\$)	In-kind contribution description (if applicable)
922/14	121 E. Exchange St.	P. 164	\$ 1000	
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date 8/22/. (	Fullyname of contributor out-of-state PAC (ID#_  KIM bevly Tim Frag  Contributor address; City; State; Zip Cogle	ler	Amount of contribution (\$)	In-kind contribution description (if applicable)
100/14	9317 Mountain Lake	<b>)</b>	\$/00	    -  of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See		

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### SCHEDULE A

(512) 463-5800

The	e Instruction Guide explains how to complete th	nis form.	1 Total pages Sch	nedule A:
2 FILER NAME	1	GLETON	3 ACCOUNT # (E	thics Commission Filers)
8/22/14	5 Full name of contributor out-of-state PAC (ID#:  Fred Parker  6 Contributor address; City; State; Zip Cod  7051 Allen Place	-	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Fort Work Tx 761	16	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
8/22/14	Full name of contributor out-of-state PAC (ID#	ir Laupson	Amount of contribution (\$)	In-kind contribution description (if applicable)
' / '	PO. BOX 17428 Austria Tx 78760	v	\$/000	
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date 8/22/14	Full name of contributor out-of-state PAC (ID#  Hammer Mails Club  Contributor address; City; State; Zip Code	Candidate	Amount of contribution (\$)	In-kind contribution description (if applicable)
,	100 8. 154 St. #600 Fort WOVAL TX 76102	1	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
5/22/14	Full name of contributor out-of-state PAC (ID#:  FORF WOTH FIREFICHAS  Contributor address; City; State; Zip Code  3855 Tulsa hay  Forf Worth Tx 7	lex Res GOVA	Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
8/22/14	Full name of contributor out-of-state PAC (ID#.		Amount of contribution (\$)	In-kind contribution description (if applicable)
// //	FORT WORL TX 761	107	\$/000. —	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	

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## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

#### SCHEDULE A

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:	
2 FILER NAME	SENNIS SHINGLETON	<u> </u>	3 ACCOUNT # (E	Ethics Commission Filers)	
4 Date	5 Full name of contributorout-of-state PAC (ID#	W	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
8/27/14	6 Contributor address; City; State; Zip Code 3839 South Hills CII	de	#100	   	
	fort work /x	16107	(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#	1 <sub></sub>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
8/27/14	Contributor address; City; State; Zip Code  9013 Crosswad D.  Fort Work Tx 761	_	\$ 150	  -  -	
		,		of Texas, complete Schedule T)	
Principal occup	pation / 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)	
prijix	2008 Four Oaks Ln.	6107	#500.	    -   of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	L	,	
Date	Full name of contributor out-of-state PAC (ID#_  100	eath	Amount of contribution (\$)	In-kind contribution description (if applicable)	
0/08/14	Contributor address; City; State; Zip Code  11717 Cambria Crf  Aledo Tx 76008		#10000	 	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
0/28/14	Contributor address; City; State; Zip Code  H450 Harley Ave.  First Ivn 4 Tx Zip	6107	<i>≠1000.</i> —	of Toyon, complete Schoolide T	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
				i	

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## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

<u></u>		· · · · · · -		
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	DENNIS SHING CETTE	U	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8   3   1   7	6 Contributor address; City; State; Zip Code 3933 CAPUTH BLVD 15	225	#500	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I		or reads, complete outleddie 17
Date (/21/11	Full name of contributor out-of-state PAC (ID#_  JANICE KNEBL + HONAL		Amount of contribution (\$)	In-kind contribution description (if applicable)
אן יכןם	Contributor address; City; State; Zip Code 6725 NEWNAH DUIL FORT WOUTH TX 7	5	\$500	
	70M WOMA 11 7			of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor   out-of-state PAC (ID#_	<b>K</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/2/14	Contributor address; City; State; Zip Code 4004 Dexter Ave		£250	
	tort work 1x 1	6107	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor   out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/2/14	Contributor address; City; State; Zip Code 4732 Washburn Add	2.	\$100	
	fort work Tx 7	6107	(If traval outside a	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II		in lexas, complete ochequie 17
Date Of A	Full name of contributor out-of-state-PAC (ID#_    Contributor address; City; State; Zip Code	<i>*</i> y	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/4/14	62 17 Genog Rd.	76116	\$500	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		i ioxas, compicio delleudie 1)
- ,,,				

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P.O. Box 12070

## SCHEDULE A

The Instruction Guide explains how to complete th	nis form.	1 Total pages Sch	edule A. Z. S
2 FILER NAME DENNIS SHINGLETON	<u> </u>	3 ACCOUNT# (E	thics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#)  4 Date 5 Full name of contributor out-of-state PAC (ID#)  6 Contributor address; City; State; Zip Cod		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5800 Merry Nount 1	Ed.	\$1000	   
tort worth Tx 7	16/07	(If travel outside of	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)
9-5-14 Contributor address; City; State; Zip Code 6/1/ RIVERCREST DA		\$500	
FORT WONTH TX 70	6/0/	(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I		r rokus, complete concesso 17
Date Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-5-14 WES SHIRLEY TURE  Contributor address; City; State; Zip Code  27/7 COLONIAL PKW	Y	\$100	
FORT WORTH TX	76109	(If traval outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I	`	r rexus, complete conoculo 1)
Date  Full name of contributor  Out-of-state PAC (ID#:  Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
1017 FM5		\$250	
ALEDO / × 7600	•	(If travel outside o	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I	nstructions)	
Date  Full name of contributor  out-of-state PAC (ID#,  Out-of-state PAC (ID#,  FULL FOR HARTETE  Contributor address; City; State; Zip Code	GACHMAN	Amount of contribution (\$)	In-kind contribution description (if applicable)
1229 SHADY OAKS LA	NE 76107	\$500	
Principal occupation / Job title (See Instructions)	Employer (See II		f Texas, complete Schedule T)

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### SCHEDULE A

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:	
2 FILER NAME	DENNIS SHINGLET	W	3 ACCOUNT # (E	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)	
9/12/14	6 Contributor address: City; State; Zip Code 5 424 Seubridge or	•	50	 	
	tort worth TX ?	6107	(If travel outside	of Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
7/22/14	Contributor address; City; State; Zip Code Po Box 47/285	_	\$50		
	FORT WORTH IX	76147	(If travel outside of	f Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See			
Date	Full name of contributor out-of-state PAC (ID#_  DANNY & LYNETTE TENSEN	,	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/10/14	Contributor address; City; State; Zip Code 4004 HARTWOOD DR. Tout Walth Tx 76/09		250. —	l of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date // /	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/10/14	Contributor address; City; State; Zip Code  222 W. EXCHANGE AV		\$500		
	FORT WORTH TX TO	6164	(If travel outside o	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)	
10/10/14		102	\$ 1000		
	TENT WONTH 1 x 16		(If travel outside o	f Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See I	nstructions)		

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### SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
: TILLY NAME	DENNIS SHINGLET	<i>₹</i> ~	(	
Date		MINKER.	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
0/10/14	6 Contributor address; City; State; Zip Cod 2865 MANOLWOOD TA	e 2 <i>AIL</i> 6.100	\$ 100	   
	FORT WORTH TX 76	7707	(If travel outside	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#	ley	Amount of contribution (\$)	In-kind contribution description (if applicable
14	3708 Sarry Springs TX	9 75022	\$1000	S.T Cabadda T.
Principal occu	upation / Job title (See Instructions)	Employer (See	<u> </u>	of Texas, complete Schedule T)
Date	Full name of contributor   out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable
0/22/14	Contributor address; City; State; Zip Code  / State	5077	\$1000.00	
	Double Oak 1x	,077	(If travel outside o	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Bradley Anita Bibe		Amount of contribution (\$)	In-kind contribution description (if applicable
120/14	Contributor address; City; State; Zip Code 7/2/ Top Ray Run	· ·6179	4/000.00	
Principal occu	pation / Job title (See Instructions)	Employer (See	<del> </del>	f Texas, complete Schedule T)
•				
Date //22 /	Full name of contributor out-of-state PAC (ID#;    Contributor address; City; State; Zip Code	ru	Amount of contribution (\$)	In-kind contribution description (if applicable
1- /14 .	3709 Santrago Court	a)	\$ 1000.	
	LAVING TX 10062		(If travel outside o	f Texas, complete Schedule T)

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## SCHEDULE A

	·			
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME	DENNIS SHINGLET	W	3 ACCOUNT # (E	thics Commission Filers)
4 Date 10/22/14	5 Full name of contributor out-of-state PAC (ID#_  Clay for f Elizabeth  Contributor address; City State; Zip Code  10939 Manh Ln  75229	Snodgnæs	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_  LOCK APPA Martin Euglicy  Contributor address; City; State; Zip Code  2 12 1 Crystol Orivi	es PAC Vuite 180	Amount of contribution (\$)	In-kind contribution description (if applicable)
1.7.	Arlington Va 2220	2	(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date •	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)  of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
		<del></del> ,	· · · · · · · · · · · · · · · · · · ·	

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## **POLITICAL EXPENDITURES**

## SCHEDULE F

Advertising Expense	EXPENDITURE CATEGOR Gift/Awards/Memorials Expense Salaries/Wa	RIES FOR BOX 8(a) ges/Contract Labor Loan Repayment/Reimbursement
Accounting/Banking	<del>-</del>	Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Travel In Di Polling Expense Travel Out 0	
Fees	• •	head/Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains ho	,
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
<i>3</i>	DENNIS P. SHINGL	ETON
4 Date 8/5/14	FORT WORTH MEDAL	OF HONOR MEMORIAL
6 Amount (\$)	7 Payee address; City; State; Zip Coo	
500. <del>-</del>		FORT WORTH TX
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	GIFT /AWAYDS /MEMOLIAL E)	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/6	DH	
Date	Payee name	$\supset$
8/20/14	ORIGINAL MEXICAN	RESTAURANT
Amount (\$)	Payee address; City; State; Zip Coo	de
1556.82		FORT WORTH TX
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	FOOD BEVELAGE RAISE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date Colonia	Payee name	- 6-4-1
8 / / / / / / / / / / / / / / / / / / /	Pavee address: City: State: Zip Cod	Wellia
Amount (\$)		e 
300	306 W. 7th St. FORT	WENTH 1 × 76102
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	FEES	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date/	Payee name	
9/2/14	EDSTEIN GROUP	_
Amount (\$)	Payee address; City; State; Zip Code	- 7.
\$ 1972.40	408 W. 14 ST.	SUITE 688 78781
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	CONSULTANG CXABUSE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDED

## **POLITICAL EXPENDITURES**

## SCHEDULE F

(TDD 1-800-735-2989)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

www.ethics.state.tx.us

**EXPENDITURE CATEGORIES FOR BOX 8(a)**Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor

Legal Services

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Condidate/Officeholder/Political Committee

Consulting Expense	<b>5</b> ,		ions/Donations Made By
Event Expense	<b>.</b>		date/Officeholder/Political Committee
Fees	<u> </u>	lains how to complete this form.	enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		ACCOUNT # (Ethics Commission Filers)
3	DENNIS P.	SHINGLETON	
4 Date 10   16   14	5 Payee name  SAGLE MT-SAGNU	AW ROTARY	
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
100.00	5501 MALWE (LE	EK PKWY. H TX 76179	
8 PURPOSE	(a) Category (See categories listed at the top of this		side of Texas, complete Schedule T)
OF EXPENDITURE	CONTRIBUTION DONATI	ron l	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 10   16   14	Payee name  JO JOHNSON (A	MPA16N	
Amount (\$)		Zip Code	
\$ 250	FO BOX 136021	i Z 76 [36 -002]	
PURPOSE OF	Category (See categories listed at the top of this	schedule) Description (If travel out	side of Texas, complete Schedule T)
EXPENDITURE	CONTRIBUTION	CAMPAIGN	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date ////4	Payegrame  HMERICAN (E)	GEUSS	
Amount (\$)	Payee address; City; State;	Zip Code	
500.00	1515 SYLVANIA AVE	•	
PURPOSE	Category (See categories listed at the top of this	schedule) Description (If travel out	side of Texas, complete Schedule T)
OF EXPENDITURE	CONTRIBUTION		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date /0 /12 /14	Payee name  LHARUE GEREV	CAMPAIEN	
Amount (\$)	Payee address; City; State;	Zip Code	
\$250	FO DOX 1440	<u></u>	
PURPOSE	Category (See categories listed at the top of this		side of Texas, complete Schedule T)
OF EXPENDITURE	CONTRIBUTION	CAMPAIG	N
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NEEDED	1

## **POLITICAL EXPENDITURES**

#### SCHEDULE F

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense **Event Expense** 

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Loan Repayment/Reimbursement

Fees	Printing Expense Office Overhead/F	, ,	ory not listed above)
	The Instruction Guide explains how to	·····	
1 Total pages Schedule F:	2 FILER NAME DENNIS 7. SHINGLETON  3 ACCOUNT # (Ethics Commission Filers)		
4 Date // //4	5 Payee name TORDAN ELIZIAETH HARRI.	S-FOUNDATION	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$200	306 W. 7# Street	Suite 1845 7 76102	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, co	mplete Schedule T)
EXPENDITURE	CONFIBUTION	DONATION	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date /1 /16 /14	Payee rame  KARA LAWRENCE		
Amount (\$)	Payee address; City; State; Zip Code		
<i>₹ 300.</i> –	C/O UNTHEC 3500 CAMP BOWNE BLU	D. FONT WONTH T	× 76/07
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	CONSULTING EXPENSE		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, co	mplete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, co	nplete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	