

# 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:

39

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR. DENNIS  
SHINGLETON

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO BOX 470336  
FORT WORTH TX 76147

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 236-7969

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR. DEE  
KELLY JR.

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

201 MAIN ST. SUITE 2500  
FORT WORTH TX 76102

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 332-2500

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

1 / 16 / 19

THROUGH

Month

Day

Year

3 / 31 / 19

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

☐ Primary

☐ Runoff

ELECTION TYPE

☐ Other  
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

CITY COUNCIL  
DISTRICT #7 FORT WORTH

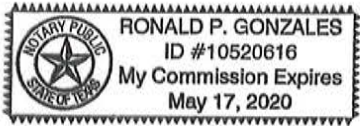
13 OFFICE SOUGHT (if known)

GO TO PAGE 2

FORM C/OH  
COVER SHEET PG 2

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder: Dennis P. Shingleton

Sworn to and subscribed before me, by the said Dennis P. Shingleton, this the 3rd day of April, 2019, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Ronald P. Gonzales Printed name of officer administering oath: Ronald P. Gonzales Title of officer administering oath: Notary

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME***DENNIS SHINGLETON***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>44,175.-</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 MADE FROM POLITICAL CONTRIBUTIONS   | \$ <i>33082.42</i> |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                 |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                 |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                 |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$                 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                 |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                 |
| 12. | <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:

2 FILER NAME

DENNIS SHINGLETON

3 Filer ID (Ethics Commission Filers)

4 Date

3/5/19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

WILLIAM + PATRICIA MEADOWS

6 Contributor address; City; State; Zip Code

121 RIVERCREST DR. FW. TX 76107

7 Amount of contribution (\$)

+ 250. -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jeff Hooper

Contributor address; City; State; Zip Code

2552 Cockrell Ave. FW, TX 76109

Amount of contribution (\$)

250. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Timothy + Elaine Petrus

Contributor address; City; State; Zip Code

3736 Country Club Circle, FW, TX 76109

Amount of contribution (\$)

250. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dan Dykstra

Contributor address; City; State; Zip Code

P.O. Box 93479, Southlake TX 76092

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:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Russell & Jean Gamber

6 Contributor address;

City; State; Zip Code

2404 Chimney Hill Dr. Arlington, TX 76102

7 Amount of contribution (\$)

25.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Gib Lewis

Contributor address;

City; State; Zip Code

2300 Race St., F.W., TX 76111

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jack & Janet Stevens

Contributor address;

City; State; Zip Code

116 N. Broadway Rd. Azle, TX 76020

Amount of contribution (\$)

250.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

James Atteberry

Contributor address;

City; State; Zip Code

101 Rivercrest Dr. FW, TX 76107

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Barday + Marsha Berdan

6 Contributor address;

City; State; Zip Code

3639 Encanto Dr., FW, TX 76109

7 Amount of contribution (\$)

250.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Chris Garcia

Contributor address;

City; State; Zip Code

8136 Camp Bowie West, FW, TX 76116

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Arlie Dauenport

Contributor address;

City; State; Zip Code

4070 Clarke Ave, FW, TX 76107

Amount of contribution (\$)

250.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Ann + Bill Greenhill

Contributor address;

City; State; Zip Code

1608 Ashland Ave, FW, TX 76107

Amount of contribution (\$)

500.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

Richard O. Fish

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

50.-

6 Contributor address;

City; State; Zip Code

8909 Crosswind Dr, FW, TX 76179

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

Wayne + Ashley Owen

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.-

Contributor address;

City; State; Zip Code

8712 Overland Dr., FW, TX 76179

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

Martha (Marty) Leonard

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2,500.-

Contributor address;

City; State; Zip Code

1411 Shady Oaks Ln., FW, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

Marcelle LeBlanc

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.-

Contributor address;

City; State; Zip Code

5132 Collinwood Ave. FW, 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

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1 Total pages Schedule A1:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Judy Needham

6 Contributor address;

City; State; Zip Code

6341 Klamath Rd Fw, TX 76116

7 Amount of contribution (\$)

100.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Elliott S. Garsck

Contributor address;

City; State; Zip Code

920 Foch St. FW, TX 76107

Amount of contribution (\$)

125.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bob Madeja

Contributor address;

City; State; Zip Code

P.O. Box 471285 FW, TX 76147

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Gary & Anne Terry

Contributor address;

City; State; Zip Code

117 Shady Lake Ct, Hurst, TX 76054

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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## SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Burr Fairchild

7 Amount of contribution (\$)

100.-

6 Contributor address;

City; State; Zip Code

4820 Bryce Ave, FW, TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John + Debbie Coughinbaugh

Amount of contribution (\$)

250.-

Contributor address;

City; State; Zip Code

5608 Byers Ave, FW, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jo Hickman

Amount of contribution (\$)

100.-

Contributor address;

City; State; Zip Code

2125 Fountain Square Dr, FW, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mannie Farren

Amount of contribution (\$)

100.-

Contributor address;

City; State; Zip Code

8649 Canyon Crest Rd, FW, TX 76179

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mike + Rosie Moncrief

6 Contributor address;

City; State; Zip Code

777 Taylor St. Ste 1030, FW, TX 76102

7 Amount of contribution (\$)

250.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Beth + Randy Gideon

Contributor address;

City; State; Zip Code

425 Nursery Ln., FW, TX 76114

Amount of contribution (\$)

250.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Anne + Barney Holland

Contributor address;

City; State; Zip Code

APT 25 1301 Throckmorton St. FW, TX 76102

Amount of contribution (\$)

250.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Harold + Pat Mockleroy, Jr.

Contributor address;

City; State; Zip Code

3455 Ranch View Ct, FW, TX 76109

Amount of contribution (\$)

250.-

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:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Lujio + Mac Churchhill

6 Contributor address;

City; State; Zip Code

611 Rivercrest Dr. FW, TX 76107

7 Amount of contribution (\$)

250. -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Suzy Williams

Contributor address;

City; State; Zip Code

5404 El Campo Ave, FW, TX 76107

Amount of contribution (\$)

250. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Jeff Moten

Contributor address;

City; State; Zip Code

167 Saint Andrews Ln. Alledo, TX 76008

Amount of contribution (\$)

250. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Reed Pigman Jr.

Contributor address;

City; State; Zip Code

200 Texas Way, FW, TX 76106

Amount of contribution (\$)

1,000. -

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:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Rice & Sandra Tilley

6 Contributor address;

City; State; Zip Code

1301 Throckmorton St. Apt 24, FW, TX 76102

7 Amount of contribution (\$)

250.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Jack Labovitz

Contributor address;

City; State; Zip Code

2810 Berry St., FW, TX 76109

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Gary Hauener

Contributor address;

City; State; Zip Code

P.O. Box 121969, FW, TX 76121

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Paul E. Andrews, Jr.

Contributor address;

City; State; Zip Code

700 Jenkins Rd, Alledo, TX 76008

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:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Kathy + Lee Nicol

6 Contributor address;

City; State; Zip Code

3882 South Hills Cr. FW, TX 76109

7 Amount of contribution (\$)

100. -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Caroline M. Dolle

Contributor address;

City; State; Zip Code

1217 Clover Ln, FW, TX 76107

Amount of contribution (\$)

100. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

George + Patricia Bollen - Gay

Contributor address;

City; State; Zip Code

6612 Circleview Ct, NRH, TX 76180

Amount of contribution (\$)

100. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Freese + Nichols PAC

Contributor address;

City; State; Zip Code

4055 International Plaza Sk FW, TX 76109

Amount of contribution (\$)

250. -

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

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1 Total pages Schedule A1:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Tony DeVito & Kim Blewins

6 Contributor address;

City; State; Zip Code

5548 Smokethorne Dr. FW, TX 76244

7 Amount of contribution (\$)

50. -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Jan Fersing

Contributor address;

City; State; Zip Code

3800 Trailwood Ln. FW, TX 76109

Amount of contribution (\$)

100. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Adelaide Leavens

Contributor address;

City; State; Zip Code

3839 South Hills Cr. FW, TX 76109

Amount of contribution (\$)

25. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Susan Ushel & Paul Schmidt

Contributor address;

City; State; Zip Code

1312 Madeline Pl., FW, TX 76107

Amount of contribution (\$)

50. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Thomas Fairchild + Janice Knebl

6 Contributor address;

City; State; Zip Code

6725 Medinah Dr. FW, TX 76132

7 Amount of contribution (\$)

250.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Gail Rawl

Contributor address;

City; State; Zip Code

4 Westover Rd, FW, TX 76107

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mike + Cindi Holt

Contributor address;

City; State; Zip Code

409 N. Bailey Ave, FW, TX 76107

Amount of contribution (\$)

250.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

R. Chichotsky

Contributor address;

City; State; Zip Code

P.O. Box 471613, FW, TX 76147

Amount of contribution (\$)

200.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

G. Malcolm Louden

6 Contributor address;

City; State; Zip Code

500 W. 7th St. #1007, FW TX 76102

7 Amount of contribution (\$)

5,000.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Stacey L. Jandrucko

Contributor address;

City; State; Zip Code

617 Westwood Ave, FW TX 76107

Amount of contribution (\$)

1,000.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Marlene + Jim Beekman

Contributor address;

City; State; Zip Code

2300 Medford Ct, FW TX 76109

Amount of contribution (\$)

250.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Tim H. Fleet

Contributor address;

City; State; Zip Code

3045 Lakeland Rd, FW TX 76116

Amount of contribution (\$)

2,500.-

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:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Dennis + Lynda Swift

6 Contributor address;

City; State; Zip Code

5216 Collinwood Ave. FW TX 76107

7 Amount of contribution (\$)

200.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Wes + Shirley Turner

Contributor address;

City; State; Zip Code

2717 Colonial Pkwy. FW TX 76109

Amount of contribution (\$)

200.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Marilyn + Mike Berry

Contributor address;

City; State; Zip Code

6217 Genoa Rd. FW TX 76116

Amount of contribution (\$)

500.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Mae Ferguson

Contributor address;

City; State; Zip Code

1107 Loch Lamond Ct. Arlington TX 76012

Amount of contribution (\$)

100.-

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:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Meto Mitets

6 Contributor address;

City; State; Zip Code

4453 Crestline Rd, Ft TX 76107

7 Amount of contribution (\$)

1,000.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jerry + Janiel Bodiford

Contributor address;

City; State; Zip Code

3816 TOLSA Way, Ft, TX 76107

Amount of contribution (\$)

250.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Travis Clegg

Contributor address;

City; State; Zip Code

4020 Volke Ct. Ft, TX 76244

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

H.B. (Hub) Baker

Contributor address;

City; State; Zip Code

121 East Exchange Ave. Ft, TX 76164

Amount of contribution (\$)

2,500.-

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:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Cristina Patoski

6 Contributor address;

City; State; Zip Code

EL CAMPO ST. FORT WORTH TX

7 Amount of contribution (\$)

25. -  
(cash)

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Texas Progress Fund

Contributor address;

City; State; Zip Code

801 Cherry St. Unit #9, FW TX 76102

Amount of contribution (\$)

1,000. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

PSEL PAC

Contributor address;

City; State; Zip Code

201 Main St. FW, TX 76102

Amount of contribution (\$)

500. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Good Government Fund

Contributor address;

City; State; Zip Code

201 MAIN ST. STE 2500  
FORT WORTH TX 76102

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:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

Jay Sandelin

☐ out-of-state PAC (ID#:

6 Contributor address;

City; State; Zip Code

3200 Meander Rd., Granbury TX 76049

7 Amount of contribution (\$)

100. -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

Robert + Joani Benda

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

608 Paint Pony Trail N. F.W. TX 76108

Amount of contribution (\$)

250. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

Taylor + Shirlee J. Gandy

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

4250 Santa Ct., FW, TX 76109

Amount of contribution (\$)

500. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

Justin Light

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

6116 Kenwick Ave, FW, TX 76116

Amount of contribution (\$)

50. -

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:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

Travis Bock

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100.-

6 Contributor address;

City; State; Zip Code

703 College St, Grandview TX 76050

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

Joe + Melissa Schneider

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.-

Contributor address;

City; State; Zip Code

8833 Random Rd. FW TX 76179

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

Jeff + Shawna Davis

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.-

Contributor address;

City; State; Zip Code

13408 Quail View Dr. Haslet TX 76052

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

Michael + Joanna Crain

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.-

Contributor address;

City; State; Zip Code

4450 Oak Park Ln, #100427 FW 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:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

David Pettit

6 Contributor address;

City; State; Zip Code

1201 Clover Ln, FW, TX 76107

7 Amount of contribution (\$)

250.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Linebarger, Goggin Blair + Sampson

Contributor address;

City; State; Zip Code

P.O. Box 17428 Austin, TX 78760

Amount of contribution (\$)

2,500.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Teresa Moore

Contributor address;

City; State; Zip Code

3616 Watonga St. FW, TX 76107

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kevin Khorrami

Contributor address;

City; State; Zip Code

3402 Azle Ave, FW, TX 76106

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:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Thad + Elizabeth Brundrett

6 Contributor address;

City; State; Zip Code

P.O. Box 472085, FW, TX 76147

7 Amount of contribution (\$)

250.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Lee Hughes

Contributor address;

City; State; Zip Code

9728 Camp Bowie West, FW TX 76116

Amount of contribution (\$)

500.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Timothy P. Mathews

Contributor address;

City; State; Zip Code

P.O. Box 136215, FW, TX 76136

Amount of contribution (\$)

50.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Dick + Heidi Elkins

Contributor address;

City; State; Zip Code

8985 Boat Club Rd, FW, TX 76179

Amount of contribution (\$)

1,000.-

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:

2 FILER NAME

Dennis Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

Steve R. Russell

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

200.-

6 Contributor address;

City; State; Zip Code

6728 Desert Highlands Drive  
Ft Worth TX 76132

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

James Rau

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.-

Contributor address;

City; State; Zip Code

9317 Heron Dr. Ft TX 76108

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

Donald K. Jory

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2,500.-

Contributor address;

City; State; Zip Code

436 Halton Rd. Ft TX 76117

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

Richard + Pat Carr

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1,000.-

Contributor address;

City; State; Zip Code

8609 Crosswind Dr. Ft TX 76179

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:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bob + Marsha West

6 Contributor address;

City; State; Zip Code

8848 Heron Dr., FWTX 76108

7 Amount of contribution (\$)

250.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Thomas + Ellen Harris

Contributor address;

City; State; Zip Code

8040 Valley View Dr. RBH TX 76180

Amount of contribution (\$)

500.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

J.D. Granger

Contributor address;

City; State; Zip Code

4702 Washburn Ave, FWTX 76107

Amount of contribution (\$)

200.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John V. Roach, II

Contributor address;

City; State; Zip Code

2805 Alton Rd. FWTX 76109

Amount of contribution (\$)

250.-

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:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

John L. "Rusty" Lewis

6 Contributor address;

City; State; Zip Code

P.O. Box 471623, Ft. TX 76147

7 Amount of contribution (\$)

50. -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Ann + Kirk Milican

Contributor address;

City; State; Zip Code

4821 Bryce Ave, Ft. TX 76107

Amount of contribution (\$)

50. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Dr. Bill + Linda Scroggie

Contributor address;

City; State; Zip Code

4732 Washburn Ave, Ft. TX 76107

Amount of contribution (\$)

100. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Bell PAC

Contributor address;

City; State; Zip Code

P.O. Box 482, Ft. TX 76101

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:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Richard + Carol Minker

6 Contributor address;

City; State; Zip Code

2865 Manorwood Tr. FW TX 76109

7 Amount of contribution (\$)

100. -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Terry + Allison Montesi

Contributor address;

City; State; Zip Code

1701 RiverRun St. 500, FW, TX 76107

Amount of contribution (\$)

500. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Karen Ostrander + Ranzell Nickelson

Contributor address;

City; State; Zip Code

6801 Fortune Rd, FW, TX 76116

Amount of contribution (\$)

250. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Steve Sprawls

Contributor address;

City; State; Zip Code

12801 Saratoga Springs Cr. FW TX 76244

Amount of contribution (\$)

100. -

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:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

Robert L. Ginsburg

☐ out-of-state PAC (ID#:

6 Contributor address;

City; State; Zip Code

777 Main St Ste 1300 FW, TX 76102

7 Amount of contribution (\$)

500.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

Rex + Patricia Hyer

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

6401 Cahoba Dr. FW, TX 76135

Amount of contribution (\$)

100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

Margaret + James DeMass

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

2600 W. 7th St. Ste. 2644 FW, TX 76107

Amount of contribution (\$)

50.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

William + Holly Schur

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

912 N. Bailey Ave FW, TX 76107

Amount of contribution (\$)

100.-

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:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Joylyn Schnell

6 Contributor address;

City; State; Zip Code

8708 Anchorage Ct. FW, TX 76179

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Joan Trew

Contributor address;

City; State; Zip Code

2501 Museum Way, FW, TX 76107

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michael & Janet Barnard

Contributor address;

City; State; Zip Code

4237 Wells Dr. FW, TX 76135

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Angela Robinson

Contributor address;

City; State; Zip Code

4805 Lafayette Ave. FW, TX 76107

Amount of contribution (\$)

25.00

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:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Neils + Elaine Agather

6 Contributor address;

City;

State;

Zip Code

409 Rivercrest Dr. FW, TX 76107

7 Amount of contribution (\$)

1,000. —

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Kay Grauger Campaign Fund

Contributor address;

City;

State;

Zip Code

1701 River Run Ste 308 FW TX 76107

Amount of contribution (\$)

1,000. —

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

Sharen Wilson

Contributor address;

City;

State;

Zip Code

P.O. Box 282, FW TX 76101

Amount of contribution (\$)

200. —

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#:

W. A. Wyatt

Contributor address;

City;

State;

Zip Code

5321 Benbridge Dr. FW TX 76107

Amount of contribution (\$)

100. —

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:

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

3-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Carter + Mary Llewellyn

6 Contributor address;

City; State; Zip Code

3535 W. 7th St. FW TX 76107

7 Amount of contribution (\$)

100. -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Don Allen

Contributor address;

City; State; Zip Code

3045 Lackland Rd, FW TX 76116

Amount of contribution (\$)

250. -

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 (\$)

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 (\$)

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 MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
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 SINGLETON</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/10/2019</i>		5 Payee name <i>Original Mexican Restaurant</i>			
6 Amount (\$) <i>57.47</i>		7 Payee address; City; State; Zip Code <i>4713 CAMP BOWIE BLVD. FORT WORTH TX 76107</i>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <i>Food-Beverage 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>1/10/19</i>		Payee name <i>Luciles Restaurant</i>			
Amount (\$) <i>116.51</i>		Payee address; City; State; Zip Code <i>4700 Camp Bowie Blvd. Fort Worth, TX 76107</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Food-Beverage 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>1/22/19</i>		Payee name <i>Chereya Pena</i>			
Amount (\$) <i>500.-</i>		Payee address; City; State; Zip Code <i>5407 Collinwood Ave Fort Worth, TX 76107</i>			
<b>PURPOSE OF EXPENDITURE</b>		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	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Dennis Shingleton		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 1/28/19		<b>5</b> Payee name Cubsmart			
<b>6</b> Amount (\$) 186.00		<b>7</b> Payee address; City; State; Zip Code Boat Club Road Lake Worth, TX 76135			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) office overhead (rental)		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 1/29/19		Payee name Fort Worth Club			
Amount (\$) 434.81		Payee address; City; State; Zip Code 306 W. 7th Street Fort Worth, TX 76102			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) food-beverage		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 2/7/19		Payee name American Heart Association			
Amount (\$) 100.		Payee address; City; State; Zip Code 2630 West Freeway Fort Worth TX 76102			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) donation		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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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
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>2/7/19</i>		5 Payee name <i>City of Fort Worth</i>			
6 Amount (\$) <i>100.</i>		7 Payee address; City; State; Zip Code <i>1000 Throckmorton Fort Worth, TX 76102</i>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <i>Fees - Campaign 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>2/8/19</i>		Payee name <i>Panera Bread</i>			
Amount (\$) <i>17.23</i>		Payee address; City; State; Zip Code <i>1700 S. University Fort Worth, TX 76107</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>food-beverage</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>2/8/19</i>		Payee name <i>Aheraya Pena</i>			
Amount (\$) <i>500.</i>		Payee address; City; State; Zip Code <i>5407 Collinwood Avenue Fort Worth, TX 76107</i>			
<b>PURPOSE OF EXPENDITURE</b>		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	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>Dennis Shingleton</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/11/19</b>	5 Payee name <b>C.J. Evans for School Board Campaign</b>	
6 Amount (\$) <b>200.00</b>	7 Payee address; City; State; Zip Code <b>PO Box 11682 FORT WORTH TX 76110</b>	

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Donation Campaign Contribution</b>	(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 <b>2/14/19</b>	Payee name <b>The Epstein Group</b>
Amount (\$) <b>7,500.</b>	Payee address; City; State; Zip Code <b>4450 International Plaza Fort Worth, TX 76109</b>

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/19/19</b>	Payee name <b>Rachael DeLira</b>
Amount (\$) <b>175.</b>	Payee address; City; State; Zip Code

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Campaign pictures Expense</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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>Dennis Shingleton</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/21/19</b>	5 Payee name <b>The Home Depot</b>	
6 Amount (\$) <b>32.45</b>	7 Payee address; City; State; Zip Code <b>LAKE WORTH Blvd. 39.56 Jim Wright LAKE WORTH TX 76135 Friday</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising (sign polls/ties)</b>	(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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date <b>3/4/19</b>	Payee name <b>Lucies - Restaurant</b>	
Amount (\$) <b>59.64</b>	Payee address; City; State; Zip Code <b>4700 Camp Bowie Blvd. Fort Worth TX 76107</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food-beverage Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date <b>3/4/19</b>	Payee name <b>Michael McClusky</b>	
Amount (\$) <b>300.</b>	Payee address; City; State; Zip Code <b>3600 ALTON RD FORT WORTH TX 76109</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Salaries/Wages Contract Labor</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME, <b>Dennis Shingleton</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/7/19</b>	5 Payee name <b>Cherque Peña</b>	
6 Amount (\$) <b>700.</b>	7 Payee address; City; State; Zip Code <b>5407 Collinwood Ave. Fort Worth, TX 76107</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	(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 <b>3/11/19</b>	Payee name <b>The Original Mexican Restaurant</b>	
Amount (\$) <b>1,555.84</b>	Payee address; City; State; Zip Code <b>4713 Camp Bowie Blvd. Fort Worth, TX 76107</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food-beverage (campaign)</b>	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 <b>3/11/19</b>	Payee name <b>The Home Depot</b>	
Amount (\$) <b>72.74</b>	Payee address; City; State; Zip Code <b>3956 Jim Wright Freeway Lake Worth, TX 76135</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising (campaign materials)</b>	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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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **Dennis Shingleton** 3 Filer ID (Ethics Commission Filers)

4 Date **3/14/19** 5 Payee name **Cheddar's Restaurant**

6 Amount (\$) **288.29** 7 Payee address; City; State; Zip Code **6700 NW Loop 820 Fort Worth, TX 76135**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Food - beverage (campaign event)** (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date Payee name

**3/14/19** **Cheddar's Restaurant**

Amount (\$) Payee address; City; State; Zip Code

**252.55** **6700 NW Loop 820 Fort Worth, TX 76135**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Food - beverage (campaign event)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date Payee name

**3/15/19** **The Epstein Group**

Amount (\$) Payee address; City; State; Zip Code

**16,733.18** **4450 International Plaza Fort Worth, TX 76109**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Advertising - Grass Routes Activities** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Dennis Shingleton</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/15/19</b>		5 Payee name <b>The Epstein Group</b>			
6 Amount (\$) <b>2,570.21</b>		7 Payee address; City; State; Zip Code <b>4450 International Plaza Fort Worth, TX 76109</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Advertising - Signage</b>		(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 <b>3/25/19</b>		Payee name <b>Pearl Snap Kolache</b>			
Amount (\$) <b>130.50</b>		Payee address; City; State; Zip Code <b>4006 White Settlement Fort Worth, TX 76107</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Food-Beverage Fundraising Expense</b>		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 <b>3/28/19</b>		Payee name <b>St. Andrew's Catholic</b>			
Amount (\$) <b>500.</b>		Payee address; City; State; Zip Code <b>3304 Dryden Road Fort Worth, TX 76132</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>donation</b>		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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