CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 19

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. | FIRST: Dennis | MI: P.
NICKNAME | LAST: Shingleton | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: PO Box 470336 | APT / SUITE #: | CITY: Fort Worth | STATE: Tx | ZIP CODE: 76147

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (817) | PHONE NUMBER: 236-7969 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr | FIRST: Dee | MI:
NICKNAME | LAST: Kelly Jr. | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 201 Main St. | APT / SUITE #: Suite 2500 | CITY: Fort Worth | STATE: Tx | ZIP CODE: 76102

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817) | PHONE NUMBER: 332-2500 | EXTENSION:

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 / 18 THROUGH 7 / 15 / 18

11 ELECTION

ELECTION DATE — Month / Day / Year: / /

ELECTION TYPE
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): City Council D. #7 Fort Worth Tx

13 OFFICE SOUGHT (if known):

OFFICE USE ONLY

Date Received

RECEIVED
JUL - 9 2018
CITY OF FORT WORTH
CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Dennis Shingleton

15 Filer ID (Ethics Commission Filers):

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

☐ Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	
☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2500.-
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 7699.58
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 43,401.29
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

18 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
STEPHANIE MILLS
My Commission Expires
March 9, 2019

AFFIX NOTARY STAMP / SEAL ABOVE

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

Dennis Shingleton
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Dennis Shingleton, this the 9th day of July, 2018, to certify which, witness my hand and seal of office.

Stephanie Mills — Signature of officer administering oath
Stephanie Mills — Printed name of officer administering oath
Notary — Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 2500. -
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E: LOANS	$
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1 of 1

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers):

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
2/5/18	HAYDN CUTLER JR. **6** Contributor address; City; State; Zip Code 3825 CAMP BOWIE BLVD. FT. WORTH TX	$2500.-

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES 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: 1/19/18

5 Payee name: Lucile's Restaurant

6 Amount ($): $11.04

7 Payee address; City; State; Zip Code: 4700 CAMP BOWIE BLVD. FORT WORTH TX 76107

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Food + beverage

(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: 1/22/18

Payee name: American Cowboy Gala

Amount ($): $300.—

Payee address; City; State; Zip Code: 121 East Exchange Ave Fort Worth TX 76105

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Donation-

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: 1/24/18

Payee name: ROMANOS Italian Restaurant

Amount ($): $37.81

Payee address; City; State; Zip Code: 1505 S. University Dr. Fort Worth TX 76107

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Food + beverage

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

---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 1/25/18	5 Payee name: Original Mexican Restaurant	
6 Amount ($): $ 53.06	7 Payee address; City; State; Zip Code: 4713 Camp Bowie Blvd. Fort Worth TX 76107	

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): food - beverage

(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: 1/25/18

Payee name: Veterans Freedom RETREAT

Amount ($): 100.-

Payee address; City; State; Zip Code: 9200 Robinson Rd Fort Worth TX 76179 Tarrant County

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): donation

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: 1/26/18

Payee name: Fort Worth Hispanic Chamber

Amount ($): 200.-

Payee address; City; State; Zip Code: 1327 N. Main St Fort Worth TX 76164

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): donation

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

Expenditure 1

4 Date	5 Payee name
2/01/18	United States Postal Service
6 Amount ($)	**7 Payee address; City; State; Zip Code**
$24.70	3101 W. 7th St. Fort Worth Tx 76107

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	office overhead postage	☐ 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

Expenditure 2

Date	Payee name
2/01/18	Stage West
Amount ($)	**Payee address; City; State; Zip Code**
$200.00	821 W. Vickery Blvd. Fort Worth Tx 76104

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	donation	☐ 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

Expenditure 3

Date	Payee name
2/02/18	Staples
Amount ($)	**Payee address; City; State; Zip Code**
164.85	6313 Lake Worth Blvd. Fort Worth Tx 76135

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	office overhead	☐ 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Skinglefoot	3 Filer ID (Ethics Commission Filers)

Expenditure 1

4 Date	5 Payee name
2/11/18	Texas Wesleyan Univ.
6 Amount ($)	**7 Payee address; City; State; Zip Code**
500.00	1201 Wesleyan St. Fort Worth TX 76105

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): donation

(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

Expenditure 2

Date	Payee name
2/20/18	Del Frisco's Grille
Amount ($)	**Payee address; City; State; Zip Code**
45.35	812 Main St. Fort Worth TX 76102

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Food & Beverage

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

Expenditure 3

Date	Payee name
2/20/18	CubeSmart
Amount ($)	**Payee address; City; State; Zip Code**
178.-	3969 Boat Club Rd. Lake Worth TX 76235

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Office overhead (rental)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

Expenditure 1

4 Date	5 Payee name
2/21/18	Airpower Council Fort Worth
6 Amount ($)	**7 Payee address; City; State; Zip Code**
125.-	1681 E. Lamar Blvd. Suite 209 Arlington TX 76011

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	donation	☐ 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

Expenditure 2

Date	Payee name
2/23/18	Original Mexican Restaurant
Amount ($)	**Payee address; City; State; Zip Code**
62.93	4713 Camp Bowie Blvd. Fort Worth Tx 76107

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	food - beverage	☐ 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

Expenditure 3

Date	Payee name
3/2/18	Fort Worth Sister Cities
Amount ($)	**Payee address; City; State; Zip Code**
500.-	908 Monroe St. Fort Worth Tx 76102

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	donation	☐ 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

Expenditure 1

4 Date	5 Payee name
3/5/18	Rotary Club of Fort Worth
6 Amount ($)	**7 Payee address; City; State; Zip Code**
$ 300.-	306 W. 7th St. Suite 715 Fort Worth Tx 76102

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Other dues - donation

(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

Expenditure 2

Date	Payee name
3/7/18	Boswell Senior Celebration
Amount ($)	**Payee address; City; State; Zip Code**
250.-	5805 W. Bailey-Boswell Rd Fort Worth Tx 76179

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): donation

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

Expenditure 3

Date	Payee name
3/9/18	Longhorn Council of BSA
Amount ($)	**Payee address; City; State; Zip Code**
300.-	850 Cannon Drive Hurst Tx 76054

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): donation

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

Expenditure 1

4 Date	5 Payee name
3/13/18	Cristo Rey Foundation
6 Amount ($)	**7 Payee address; City; State; Zip Code**
500.-	PO Box 150463 Fort Worth Tx 76108

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): donation

(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

Expenditure 2

Date	Payee name
3/14/18	Cheddar's Restaurant
Amount ($)	**Payee address; City; State; Zip Code**
54.43	2801 Texas Sage Trail Fort Worth Tx 76177

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): food & beverage neighborhood assn.

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

Expenditure 3

Date	Payee name
3/14/18	Hope Center - FW
Amount ($)	**Payee address; City; State; Zip Code**
$400.-	2751 Green Oaks Rd Fort Worth Tx 76116

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): donation

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 3/22/18

5 Payee name: Blue Sushi Grill

6 Amount ($): 35.23

7 Payee address; City; State; Zip Code: 3131 W. 7th St. Fort Worth Tx 76107

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): food & beverage

(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: 3/26/18

Payee name: STAPLES

Amount ($): 10.27

Payee address; City; State; Zip Code: 1660 S. University Dr. Fort Worth Tx 76107

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): office overhead

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: 3/30/18

Payee name: Christopher Gregory Campaign

Amount ($): $200.-

Payee address; City; State; Zip Code: PO Box 136115 Fort Worth Tx 76136

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): donation - political

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

Expenditure 1

4 Date	5 Payee name
4/2/18	TEXAS HEALTH RESOURCES
6 Amount ($)	**7 Payee address; City; State; Zip Code**
250.-	1325 PENNSYLVANIA AVE FORT WORTH FORT WORTH TX 76104

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	donation	☐ 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

Expenditure 2

Date	Payee name
4/4/18	Tarrant County Junior Livestock
Amount ($)	**Payee address; City; State; Zip Code**
500.-	PO Box 162793 FORT WORTH TX 76161

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	donation	☐ 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

Expenditure 3

Date	Payee name
4/12/18	St. Andrews School
Amount ($)	**Payee address; City; State; Zip Code**
500 00	3304 Dryden Rd. Fort Worth Tx 76109

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	donation	☐ 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

Expenditure 1

4 Date	5 Payee name
4/16/18	Fort Worth Club
6 Amount ($)	**7 Payee address; City; State; Zip Code**
$325.-	306 W. 7th St. Fort Worth TX 76102

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Event Expense

(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

Expenditure 2

Date	Payee name
4/20/18	Hope Center
Amount ($)	**Payee address; City; State; Zip Code**
$120.-	2751 Green Oaks Rd. Fort Worth TX 76116

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): donation

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

Expenditure 3

Date	Payee name
4/23/18	The Eppstein Group
Amount ($)	**Payee address; City; State; Zip Code**
161.72	2830 S. Hulen St. Fort Worth TX 76109

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Consulting Expense

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: Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
4 Date: 4/25/18	5 Payee name: Lena Pope Home	
6 Amount ($): $150.-	7 Payee address; City; State; Zip Code: 3200 Sanguinet St. Fort Worth Tx 76107	

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): donation

(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

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Date: 4/26/18

Payee name: US POSTAL SERVICE

Amount ($): 50.-

Payee address; City; State; Zip Code: 3101 W. 7th St. Fort Worth Tx 76107

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Other postal expense

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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Date: 5/14/18

Payee name: Michael's Restaurant

Amount ($): 77.41

Payee address; City; State; Zip Code: 3413 W. 7th St. Fort Worth Tx 76107

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): food - beverage

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: Dennis Shingleton	3 Filer ID (Ethics Commission Filers)

Expenditure 1

4 Date	5 Payee name
5/24/18	Fort Worth Club
6 Amount ($)	**7 Payee address; City; State; Zip Code**
398.81	306 W. 7th St. Fort Worth Tx 76102

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Event Expense

(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

Expenditure 2

Date	Payee name
5/31/18	Cubesmart
Amount ($)	**Payee address; City; State; Zip Code**
84.95	3969 Boat Club Rd Lake Worth Tx 76235

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): office overhead rental

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

Expenditure 3

Date	Payee name
6/1/18	Reata Restaurant
Amount ($)	**Payee address; City; State; Zip Code**
54.25	310 Houston St. Fort Worth Tx 76102

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): food - beverage

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: Dennis Shingleton	3 Filer ID (Ethics Commission Filers)

Expenditure 1

4 Date	5 Payee name
6/1/18	Staples
6 Amount ($)	**7 Payee address; City; State; Zip Code**
46.53	6313 Lake Worth Blvd. Fort Worth Tx 76135

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	office overhead	☐ 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

Expenditure 2

Date	Payee name
6/4/18	Northeast Tarrant Lions Club
Amount ($)	**Payee address; City; State; Zip Code**
72.00	Arizolas Restaurant 6055 Lake Worth Blvd. Lake Worth Tx 76135

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	donation	☐ 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

Expenditure 3

Date	Payee name
6/15/18	Charleston's Restaurant
Amount ($)	**Payee address; City; State; Zip Code**
31.33	3020 S. Hulen Dr. Fort Worth Tx 76109

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	food - beverage	☐ 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: Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
4 Date: 6/15/18	5 Payee name: Original Mexican Restaurant	
6 Amount ($): 37.39	7 Payee address; City; State; Zip Code: 4713 Camp Bowie Blvd. Fort Worth Tx 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): food - beverage	(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: 6/21/18	Payee name: Luciles Restaurant	
Amount ($): $88.07	Payee address; City; State; Zip Code: 4700 Camp Bowie Blvd. Fort Worth Tx 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): food - beverage	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: 6/25/18	Payee name: Cubesmart	
Amount ($): $178.-	Payee address; City; State; Zip Code: 3969 Boat Club Rd. Lake Worth Tx 76135	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): office overhead (rental)	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: Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
4 Date: 7/2/18	5 Payee name: Original Mexican Restaurant	
6 Amount ($): 21.45	7 Payee address; City; State; Zip Code: 4713 Camp Bowie Blvd. Fort Worth TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): food - beverage	(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	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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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