

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

**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:

21

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Dennis P. 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
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

201 Main Street Suite 2500
Fort Worth Tx 76102

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

7 / 16 / 17

THROUGH

Month Day Year

1 / 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

13 OFFICE SOUGHT (If known)

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.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *2000. -*

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

\$

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *8887.12*

CONTRIBUTION
BALANCE

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

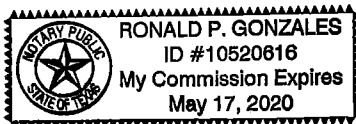
\$ *48,783.66*

OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 5, Election Code.

Dennis Shingleton
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Dennis Shingleton*, this the *16th* day of *January*, 20*18*, to certify which, witness my hand and seal of office.

Ronald P. Gonzales
Signature of officer administering oath

Ronald P. Gonzales
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***Dennis Singleton***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>2000. --</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>887.12</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:

181

2 FILER NAME

DENNIS SINGLETON

3 Filer ID (Ethics Commission Filers)

4 Date

12/15/17

5 Full name of contributor

ROBERT McLEAN

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

2,000.-

6 Contributor address;

226 BAILEY AVE SUITE 106
FORT WORTH TX 76107

City; State; Zip Code

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)
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4 Date 7/21/17	5 Payee name BEACON CAFE & COUNTRY STORE
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6 Amount (\$) 33.08	7 Payee address; City; State; Zip Code 171 AVIATOR DL FORT WORTH TX 76179
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food & Beverage	(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 7/21/17	Payee name ON THE BORDER
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Amount (\$) 41.16	Payee address; City; State; Zip Code 6536 NW LOOP 820 FORT WORTH TX 76135
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PURPOSE OF EXPENDITURE	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
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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 7/26/17	Payee name STAPLES
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Amount (\$) 161.29	Payee address; City; State; Zip Code 1660 S. University Dr. Fort Worth TX 76107
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES 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>7/27/17</i>		5 Payee name <i>Cristo Rey Foundation</i>			
6 Amount (\$) <i>500. -</i>		7 Payee address; City; State; Zip Code <i>PO Box 150463 Fort Worth TX 76108</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Donation</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>7/30/17</i>		Payee name <i>AIRPOWER FORT WORTH AIRBORNE COUNCIL</i>			
Amount (\$) <i>100. -</i>		Payee address; City; State; Zip Code <i>1601 E. LAMAR Blvd. Suite 209 Arlington TX 76011</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Donation</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>7/30/17</i>		Payee name <i>Wounded Warrior Project</i>			
Amount (\$) <i>70. -</i>		Payee address; City; State; Zip Code <i>PO Box 758517 TOPEKA KS 66675</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Donation</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	

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 <i>DENNIS SHINGLETON</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8/14/17</i>		5 Payee name <i>FORT WORTH BLUE ZONES</i>			
6 Amount (\$) <i>22.86</i>		7 Payee address; City; State; Zip Code <i>1300 SUMMIT AVE SUITE 750 FORT WORTH TX 76102</i>			
8 PURPOSE OF EXPENDITURE		(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>8/7/17</i>		Payee name <i>STAPLES</i>			
Amount (\$) <i>92.85</i>		Payee address; City; State; Zip Code <i>1660 S. University Dr. FORT WORTH TX 76107</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>office overhead</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>8/7/17</i>		Payee name <i>FORT WORTH CLUB</i>			
Amount (\$) <i>508.76</i>		Payee address; City; State; Zip Code <i>306 W. 7th St. Fort Worth TX 76102</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Campaign Lunch 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	
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 <i>Dennis Shingleton</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7/30/17</i>	5 Payee name <i>Northwest Tarrant Lions Club</i>	
6 Amount (\$) <i>72.-</i>	7 Payee address; City; State; Zip Code <i>Arizolas Restaurant 6055 Lake Worth Blvd. Lake Worth Tx 76135</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>donation</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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date <i>8/30/17</i>	Payee name <i>Texas Wesleyan University</i>	
Amount (\$) <i>\$1000.-</i>	Payee address; City; State; Zip Code <i>1201 Wesleyan St. Fort Worth Tx 76105</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>donation</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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date <i>8/30/17</i>	Payee name <i>USS FORT WORTH SUPPORT COMMITTEE</i>	
Amount (\$) <i>\$1000.-</i>	Payee address; City; State; Zip Code <i>908 Monroe St. Fort Worth Tx 76102</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>donation</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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES 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>9/1/17</i>		5 Payee name <i>Original Mexican Restaurant</i>			
6 Amount (\$) <i>48.-</i>		7 Payee address; City; State; Zip Code <i>4713 Camp Bowie Blvd. Fort Worth TX 76107</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Food - Beverage</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>9/5/17</i>		Payee name <i>All Saints Episcopal Church</i>			
Amount (\$) <i>39.97</i>		Payee address; City; State; Zip Code <i>5001 Crestline Rd Fort Worth TX 76107</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>donation</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>9/8/17</i>		Payee name <i>Flying Fish</i>			
Amount (\$) <i>52.87</i>		Payee address; City; State; Zip Code <i>2913 Montgomery Street Fort Worth TX 76107</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food beverage Fire Fighters</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	
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 **9/11/17** 5 Payee name **Big Joe's Pizza**

6 Amount (\$) **100.00** 7 Payee address; City; State; Zip Code
1195 FM 156 STE 100 HASLET TX 76052

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Food - Beverage HOA** (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 **9/11/17** Payee name **Houlihan's Restaurant**

Amount (\$) **124.73** Payee address; City; State; Zip Code
9365 RAIN LILLY TRAIL FORT WORTH TX 76177

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Food - beverage HOA** 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 **9/18/17** Payee name **Eddie V's Restaurant**

Amount (\$) **61.96** Payee address; City; State; Zip Code
3100 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

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 <i>Dennis Singleton</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9/21/17</i>	5 Payee name <i>CUBESMART</i>
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6 Amount (\$) <i>102.-</i>	7 Payee address; City; State; Zip Code <i>3969 Boat Club Rd. Lake Worth TX 76235</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Office overhead (rental)</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/24/17</i>	Payee name <i>Fort Worth Club</i>
------------------------	--------------------------------------

Amount (\$) <i>301.38</i>	Payee address; City; State; Zip Code <i>306 W. 7th St Fort Worth TX 76102</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food - beverage campaign exp</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/22/17</i>	Payee name <i>Hoffbrau Steaks</i>
------------------------	--------------------------------------

Amount (\$) <i>66.52</i>	Payee address; City; State; Zip Code <i>1712 S. University Dr Fort Worth TX 76107</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food-beverage police-host</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES 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>9/22/17</i>		5 Payee name <i>Hofbrau Steaks</i>			
6 Amount (\$) <i>37.01</i>		7 Payee address; City; State; Zip Code <i>1712 S. University Dr. Fort Worth TX 76107</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Food - beverage</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>10/2/17</i>		Payee name <i>BROTHERHOOD FOR THE FALLEN</i>			
Amount (\$) <i>200. -</i>		Payee address; City; State; Zip Code <i>PO Box 4453 Fort Worth TX 76164</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>donation - Police</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>10/4/17</i>		Payee name <i>Eastgate Neighborhood Assn.</i>			
Amount (\$) <i>359.50</i>		Payee address; City; State; Zip Code <i>928 River Road Fort Worth TX 76114</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>T-Shirts donation</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	

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 <i>Dennis Shingleton</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10-16-17</i>		5 Payee name <i>I HOP #3007</i>			
6 Amount (\$) <i>210.66</i>		7 Payee address; City; State; Zip Code <i>12750 North Freeway Fort Worth TX 76177</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Food-beverage NPOs police</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>10-19-17</i>		Payee name <i>I HOP #1433</i>			
Amount (\$) <i>147.82</i>		Payee address; City; State; Zip Code <i>5920 QUEBEC ST FORT WORTH TX 76135</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food-beverage NPOs police</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>10-19-17</i>		Payee name <i>LOS VAQUEROS #5559</i>			
Amount (\$) <i>32.36</i>		Payee address; City; State; Zip Code <i>2629 N. Main St. Fort Worth TX 76164</i>			
PURPOSE OF EXPENDITURE		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	

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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 Singleton</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/25/17</i>		5 Payee name <i>STAPLES</i>			
6 Amount (\$) <i>88.75</i>		7 Payee address; City; State; Zip Code <i>6313 LAKE WORTH Blvd. FORT WORTH TX 76135</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Office Overhead</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10/25/17</i>		Payee name <i>US POSTAL SERVICE</i>			
Amount (\$) <i>245.-</i>		Payee address; City; State; Zip Code <i>3101 W. 7th St. FORT WORTH TX 76107</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Postage</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10/15/17</i>		Payee name <i>Charlie Geren Campaign</i>			
Amount (\$) <i>250.-</i>		Payee address; City; State; Zip Code <i>1101 Roberts Cutoff River Oaks TX 76114</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Campaign donation</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 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 <i>Dennis Shingler</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/31/17</i>		5 Payee name <i>Marcos Pizzeria 501</i>			
6 Amount (\$) <i>58.34</i>		7 Payee address; City; State; Zip Code <i>1600 Bedford Rd Bedford TX 76021</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Food-beverage</i> <i>H&A</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>11/7/17</i>		Payee name <i>Eddie V's Restaurant</i>			
Amount (\$) <i>28.73</i>		Payee address; City; State; Zip Code <i>3100 W. 7th St. Fort Worth TX 76107</i>			
PURPOSE OF EXPENDITURE		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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>11/16/17</i>		Payee name <i>Luciles Restaurant</i>			
Amount (\$) <i>43.16</i>		Payee address; City; State; Zip Code <i>4700 CAMP BOWIE BLVD FORT WORTH TX 76107</i>			
PURPOSE OF EXPENDITURE		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 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 <i>Dennis Shingleton</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/17/17</i>	5 Payee name <i>Bayou Jacks Cajun</i>	
6 Amount (\$) <i>25.02</i>	7 Payee address; City; State; Zip Code <i>200 N. Oak St. Roanoke Tx 76262</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food-beverage</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>11/29/17</i>	Payee name <i>Lucites Restaurant</i>	
Amount (\$) <i>60.72</i>	Payee address; City; State; Zip Code <i>4700 Camp Bowie Blvd. Fort Worth Tx 76107</i>	
PURPOSE OF EXPENDITURE	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>11/7/17</i>	Payee name <i>Fort Worth Club</i>	
Amount (\$) <i>278.08</i>	Payee address; City; State; Zip Code <i>306 W. 7th St. Fort Worth Tx 76107</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other-campaign 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		

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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: <u>1</u>	2 FILER NAME <u>Dennis Shingleton</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>12/1/17</u>	5 Payee name <u>JPS Campaign Foundation</u>	
6 Amount (\$) <u>500.-</u>	7 Payee address; City; State; Zip Code <u>1223 S. MAIN ST. FORT WORTH TX 76104</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>donation</u>	(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 <u>12/1/17</u>	Payee name <u>Sharon Wilson DA Campaign</u>	
Amount (\$) <u>250.00</u>	Payee address; City; State; Zip Code <u>PO BOX 282 Fort Worth TX 76101</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Campaign Contribution</u>	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 <u>12/1/17</u>	Payee name <u>North East Tarrant Co. Lions Club</u>	
Amount (\$) <u>72.-</u>	Payee address; City; State; Zip Code <u>Arizolas Restaurant 6055 Lake Worth Blvd. Lake Worth TX 76135</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>donation</u>	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>12/1/17</i>		5 Payee name <i>Lighthouse for Blind - Fort Worth</i>			
6 Amount (\$) <i>500.-</i>		7 Payee address; City; State; Zip Code <i>912 W. Broadway Ave Fort Worth TX 76104</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>donation</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>12/12/17</i>		Payee name <i>Cubismant</i>			
Amount (\$) <i>112.-</i>		Payee address; City; State; Zip Code <i>3969 Boat Club Rd Lake Worth TX 76235</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Office overhead (rental)</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>12/18/17</i>		Payee name <i>Staples</i>			
Amount (\$) <i>19.47</i>		Payee address; City; State; Zip Code <i>1660 S. University Dr. Fort Worth TX 76107</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Office overhead</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 <i>Dennis Singleton</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/18/17</i>	5 Payee name <i>Staples</i>	
6 Amount (\$) <i>23.58</i>	7 Payee address; City; State; Zip Code <i>1660 S. University Dr. Fort Worth TX 76107</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>office overhead</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>12/20/17</i>	Payee name <i>MI Cocina Restaurant</i>	
Amount (\$) <i>28.02</i>	Payee address; City; State; Zip Code <i>509 MAIN ST. Fort Worth TX 76102</i>	
PURPOSE OF EXPENDITURE	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>12/28/17</i>	Payee name <i>LISP5</i>	
Amount (\$) <i>49.-</i>	Payee address; City; State; Zip Code <i>3101 W. 7th St. Fort Worth TX 76107</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Postage</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 <i>Dennis Shingleton</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/2/17</i>		5 Payee name <i>ANDY EADS CAMPAIGN</i>			
6 Amount (\$) <i>250.-</i>		7 Payee address; City; State; Zip Code <i>PO Box 270816 Flower Mound TX 75027</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>donation</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>1/3/18</i>		Payee name <i>STAPLES</i>			
Amount (\$) <i>58.40</i>		Payee address; City; State; Zip Code <i>1660 S. University Dr. Fort Worth TX 76107</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>office overhead</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>1/12/18</i>		Payee name <i>MICHAEL'S RESTAURANT</i>			
Amount (\$) <i>39.48</i>		Payee address; City; State; Zip Code <i>3413 W. 7th St. FORT WORTH TX 76107</i>			
PURPOSE OF EXPENDITURE		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					

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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>1/12/18</i>	5 Payee name <i>Staples</i>	
6 Amount (\$) <i>270.59</i>	7 Payee address; City; State; Zip Code <i>1660 S. University Dr. Fort Worth TX 76107</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>office overhead</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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date <i>1/12/18</i>	Payee name <i>CHRIS GARCIA CAMPAIGN</i>	
Amount (\$) <i>150. -</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>donation</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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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