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 Filter ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR ARST W. Dennis	5 P.	OFFICE USE ONLY
	NICKNAME LAST Shinglete	SUFFIX	(1) TO THE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE 4: PO BOX 4703:	. \	RECEIVED AND RECEIVED AND CONTROL OF CONTROL
Change of Address	tort worth.	Tx 76147	Change The
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 236 · 7969	EXTENSION P	Date Has Serveri de Date Simarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR EIRST WE Dee	мі	Receipt # Amount \$ Date Processed
	NICKNAME Kelly J	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 201 Main Street	UITE #; CITY; STATE; SUIFE ZSOO	ZIP CODE
(Residence or Business)	201 Main Street	Tx 76102	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 332 - 2500	EXTENSION	
9 REPORT TYPE	January 15 30th day before els	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elect	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 16 / 17	THROUGH //	Day Year / 15 / 18
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description Special	
12 OFFICE	City Council, D. 7 First Worth	13 OFFICE SOUGHT (If known)	
	First Worth		
	GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

			OOVER ONLE I TO Z
14 C/OH NAME	Denni.	5 Shingleton	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE VOIDSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THURES.	VITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		÷	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 8887.12
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	\$ 8887.12 DAY \$ 48,783.66
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT			
	NALD P. GONZALES ID #10520616 Commission Expires May 17, 2020	true and correct and includes all info under Title 5, Election Code.	erjury, that the accompanying report is irrmation required to be reported by me
		Signature of Cape	lidate or Officeholder
AFFIX NOTARY STAMP		Dennie Chinalatus	11.4
Sworn to and subscri	10		, this the
day of your	myl	e certify which, witness my hand and seal of office. Maid P Genzales	notary
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) Dennis Shingleton 21 SCHEDULE SUBTOTALS SUBTOTAL NAME OF SCHEDULE AMOUNT 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2000. 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ З. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE E: LOANS 5. \$ 8887.12 SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 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 \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS 12. \$ RETURNED TO FILER

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•	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 1
FILER NA	DENNIS SHINGLETON	1	3 Filer ID (Ethics Commission Filer
Date 12/15/.	5 Full name of contributor ut-of-state PAC ROBERT W LEAN 6 Contributor address; City; State; DAILBY AVE SO	7 Amount of contribution (\$)	
- //-//	226 BAILBY AVE SU	ITTE 106	2000.—
Principal o	ccupation / Job title (See Instructions)	9 Employer (See Instructi	
Date	Full name of contributor	()ID#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	D#:	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
rincipal occ	Upation / Job title (See Instructions)	Employer (See Instruction	ns)
	<u> </u>		

		EXPENDITU	RE CATEGO	ORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	F F G	event Expense iees lood/Beverage Expens litt/Awards/Memorials egal Services The Instruction Gi	se Expense	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Transportation Travel In Distri Travel Out Of I	
1 Total pages Schedule F1:	2 FILER NAM	E DENNI	s SH	INGL	ETON	3 Filer ID (I	Ethics Commission Filers)
4 Date 7/21/17	5 Payee name		E &	Cou		TO A.E	
6 Amount (\$)	7 Payee addr		State; Zip	Code			
33.08		TOUT	WOLT	74	Tx 76	179	
8 PURPOSE OF EXPENDITURE		ee Categories listed at t		edule)		outside of Texas. Comp	
9 Complete ONLY if direct expenditure to benefit C/OH		/ Officeholder nar	ne		Office sought		Office held
7/21/17	Payee name	THE T	301208	-K			
Amount (\$) 41.16	Payee address 6536 FIRE	rss; NW LO WALT	State; Zip (2)	Code CO X	76135		
PURPOSE OF EXPENDITURE		e Categories listed at th	,	dule)	 i	itside of Texas. Comple , TX, officeholder liv	
Complete ONLY if direct expenditure to benefit C/OH	Candidate /	/ Officeholder nam	ie		Office sought	· · · · · · · · · · · · · · · · · · ·	Office held
7/26/17	Payee name	LES			.		
Amount (\$) 161. 29	Payee addres	ss; City; J. Unius H work	State; Zip C	DI	6107		
PURPOSE OF EXPENDITURE	Category (See	e Calegories listed at the		lule)		side of Texas. Complet	1
Complete ONLY if direct expenditure to benefit C/OH	Candidate /	Officeholder nan	ne		Office sought.		Office held
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		EXPENDITURE CA	TEGORIES	FOR BOX 8(a)	
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1 Total pages Schedule F1:	2 FILER N	Sennis L	Shinal	Host	3 Filer ID (Ethics Commission Filers)
4 Date 7/27/17	5 Payee na		y to	unda tron	
6 Amount (\$) 500. —	7 Payee ad	dress; City; State; Box 15046 Fixer Woulth	Ξ_	6108	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of t	this schedule)	l 🖂	utside of Texas. Complete Schedule T. n, TX, officeholder living expanse
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held
Date 7/30/17 Amount (\$)	Payee nar Payee add	THE WORTH	Zip Code	1. Suite	
PURPOSE OF EXPENDITURE	Category	Arlington (See Categories listed at the top of the	· • • ·		side of Texas, Complete Schedule T, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought	Office held
7/30/17	Payee nar	unded War	rrior	Project	
Amount (\$) 70	Payee add	ress; City; State;	-	KA KS	66675
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi	ls schedule)		ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidat	e / Officeholder name		Office sought	Office held
	ATTA	CH ADDITIONAL COPIE	S OF THIS S	CHEDULE AS NEED	DED

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4 Date 8 /4/17	5 Payee name	- WONTH	BLI	LE ZONE.	5
6 Amount (\$)	7 Payee address;	City; State;	Zip Code		
22.86	1300 SUN	MINIT AVE FOLT W	= JUI IONTH	TX 76	102
8	(a) Category (See Cate	egories listed at the top of this	schedule)	(b) Description	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Food Bu	vevoge Luse			ulside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offic	ceholder name		Office sought	Office held
8/7/17	Payee name	<i>5</i> 5			
Amount (\$) 92.85	Payee address;	City; State; Z LINIVEY_ TAT WOLL	sity !)r. 761	07
PURPOSE OF EXPENDITURE	1.	gories listed at the top of this s	schedule)	i iii	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	eholder name		Office sought	Office held
Date 8/7/17	Payee name	WOOTH	CLU	6	
Amount (\$) 508.76	Payee address;	74 G. Fatale; Z	ip Code	worth Tx	76102
PURPOSE OF EXPENDITURE	Category (See Category) See Category Food L	ories listed at the top of this s in Lunch Bevinge	schedule)		ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	eholder name		Office sought	Office held
	ATTACH AD	DITIONAL COPIES	OF THIS SC	HEDULE AS NEED	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Consulting Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel In District Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 6 Amount (\$ (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense lonation EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH USS FORT WORTH SUPPORT COMMITTEE City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF donakim Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

		EXPENDIT	JRE CATEGO	ORIES F	FOR BOX 8(a)	
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6 Amount (\$)	7 Payee add 4713	Camp	Bour	Code	3/vd.	
8 PURPOSE OF EXPENDITURE		(See Calegories listed at		dule)		ulside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF		te / Officeholder na	ıme		Office sought	Office held
Pate 9/5/17	Payee name	Saints	Ep.	500,	pal Chi	urch
Amount (\$) 39.97	Payee addr	ress; City; [NST//N			horst 7	Tx 76107
PURPOSE OF EXPENDITURE	Category (S	See Categories listed at t	he top of this schedu	ule)	[i	side of Texas. Complete Schedule T. TX, officeholder Ilving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder nan	me		Office sought	Office held
Date 9/8 /17	Payee name	ung Fi	5/1			
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		EXPENDITURE C	ATEGORIES I	OR BOX 8(a)		
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4 Date /////	5 Payee na	me TUE'S	Pizza		<u> </u>	
6 Amount (\$)	7 Payee ad		e; Zip Gode STE 100	HASL	et 7	× 76052
8 PURPOSE OF EXPENDITURE	/ / / / / / / / / / / / / / / / / / /	(See Categories listed at the top of A - Develvage	· i	<u> </u>	ulside of Texas. Comp n, TX, officeholder I	
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name	, <u>.</u> , <u>l</u>	Office sought		Office held
Date 9/11/17		ULIHANS		WRANT		
Amount (\$) 124.73	Payee add 4365	RAIN LILL	e; Zip Code LY TRA OUTH		6177	
PURPOSE OF EXPENDITURE	1	(See Categories listed at the top of	f this schedule)		skle of Texas. Comple TX, officeholder liv	
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held
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Amount (\$) 61.96	Payee add 3/00	iress; City; State; \mathcal{U} . $\mathcal{I}^{\mathcal{L}}$ \mathcal{L}	; Zip Code	- WOUTH	/×	76107
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule)		ide of Texas. Complet	
Complete ONLY If direct expenditure to benefit C/OH	Candidat	e / Officeholder name		Office sought		Office held
	ATTA	ACH ADDITIONAL COPI	ES OF THIS SO	CHEDULE AS NEED	DED	

	EXPENDIT	URE CATEGORIES	FOR BOX 8(a)	
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4 Date 9/21/17	5 Payee name	.T		
6 Amount (\$)	7 Payee address; City 3969 Boat	State; Zip Code Club /< /L	d. Tx	76235
8 PURPOSE OF EXPENDITURE		· · · · · · · · · · · · · · · · · · ·	(b) Description Check if travel out	Iside of Texas. Complete Schedule T. , TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder na	ame	Office sought	Office held
expenditure to benefit C/OF				
Date 4/17	Fort wor	M Club		
Amount (\$) 301.38	Payee address; City; 306 W. 7K	State; Zip Code	of worth	Tx 76102
PURPOSE OF EXPENDITURE	Category (See Categories listed at	the top of this schedule)	Description Check If travel outs	ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder na	me	Office sought	Office held
Pate 9/22/17	Payee name Hoffbra4	Steaks		
Amount (\$) 66.52	Payee address; City;	State; Zip Code	Foot la	OH TX 76107
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Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder na	<u>'</u>	Office sought	Office held
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		EXPEN	NDITURE CATE	EGORIES F	OR BOX 8(a)		
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Credit Card Payment		The Instruc	tion Guide explai	ins how to co	omplete this form.		<u> </u>
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4 Date 9/22/17	5 Payee na	HOPPL	brau S	FOUR	5		
6 Amount (\$) 37.01	7 Payee ac	z <i>5</i> .	Univer	of We	. •	× 7610	07
8 PURPOSE OF EXPENDITURE		y (See Categories li	listed at the top of this	schedule)		outside of Texas. Comp in, TX, officeholder	
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Amount (\$) 359.50	Payee add	dress;	City; State; Zi	Cip Code			114
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Complete ONLY if direct expenditure to benefit C/OH		ate / Officehold	ier name		Office sought		Office held
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	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
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4 Date /0 - /6 - /7	5 Payee name #300	07	
6 Amount (\$) 210.66	7 Payee address; City; State; Z 12750 North Fr Fort W	ip Code Neway onth Tx 7617	7
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	(b) Description Check if travel outside of Tex Check if Austin, TX, office	·
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 10-17	Payee name LHOP #1433	3	
Amount (\$) 147.82	Payee address; City; State; Zip 5920 QUEBEC	FORT WORT	H Tx 76135
PURPOSE OF EXPENDITURE	Cajegory (See Categories listed at the top of this so		s. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Office folder name H	Office sought	Office held
Date 10-19-17	Payee name LOS VAQUEROS	#5559	
Amount (\$) 32.36	Payee address; City; State; Zip		x 76164
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	hedule) Description Check if travel outside of Texas Check If Austin, TX, officeh	•
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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4 Date 10 /25/17	5 Payee name	:s	<i></i>		
6 Amount (\$) 8 8 7 7 5	7 Payee address; 63/3 L		ip Code PATH Blud FORT WON	'. TH T×	76135
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeh	older name	Office sou	ght	Office held
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Amount (\$) 250	Payee address;	City; State; Zij ber/s (u	ctoff _	Oaks Tx	76114
PURPOSE OF EXPENDITURE	Category (See Categories	listed at the top of this so	hedule) Description Check if the Check if		
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	ATTACH ADDIT	IONAL COPIES C	OF THIS SCHEDULE AS	NEEDED	

						
·		EXPENDITURE C	ATEGORIES	FOR BOX 8(a)		
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4 Date /0/31/17	5 Payee na	arcos Pia	× 50	7/		
6 Amount (\$) 58.34	7 Payee ad	dress; City; State O Bedford	Zip Code	7 7	(D 7)	
8	(a) Category	(See Categories listed at the top of	COTTOVOL	(b) Description	6021	
PURPOSE OF EXPENDITURE		- beverage HuA	, mis selection	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought	Office held	
Date /1/7 /17	Payee na	die V's	<u> </u>	tau rent		
Amount (\$) 28.73	3/0	dress; City; State の	c; Zip Code	Fort (vov	VL Tx 76107	
PURPOSE OF EXPENDITURE		(See Categories listed at the top of	f this schedule)		tside of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	,	te / Officeholder name		Office sought	Office held	
Date 11/16/17	Payee na	iles Rest	tavrav	lt		
Amount (\$) 43.16	Payee add 4700	lress; City; State CAM/ Soc	VIE P FORT	GOOCTH 1	Tx 76107	
PURPOSE OF EXPENDITURE	Category -	See Calegories listed at the top of	this schedule)		side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candida	e / Officeholder name	.,	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 25.02 Roanoke Tx (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** bod-beverage OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Uciles Kestaurant ress; City; State; Zip Code Camp Bowie 13/Vd. Fort Worth Tx Amount (\$) Payee address: Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF bod-beverage Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Fort Worth Club City; State; Zip Code Toxt work TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE OF** Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED Farma are delet bu Terres Pables Agreements

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (apter a category not listed above)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME DENNIS Shink	g leton 3 Filer ID	(Ethics Commission Filers)				
4 Date /2/1/17	5 Payee name JPS CAMPAIEN 7	FOUNDATION					
6 Amount (\$)'	7 Payee address; City; State; Zip		6104				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school of the condition of the condition of the category (See Categories listed at the top of this school of the category (See Categories listed at the top of this school of the category (See Categories listed at the top of this school of the category (See Categories listed at the top of this school of the category (See Categories listed at the top of this school of the category (See Categories listed at the top of this school of the category (See Categories listed at the top of this school of the category (See Categories listed at the top of this school of the category (See Categories listed at the top of this school of the category (See Categories listed at the top of this school of the category (See Categories listed at the top of this school of the category (See Categories listed at the top of this school of the category (See Categories listed at the top of the category (See Categories listed at the categories listed at	edule) (b) Description Check if travel outside of Texas. Comparison Check if Austin, TX, officehold	·				
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held				
Date /2/1/17	Sharen WILSON	DA CAMPAIGN					
Amount (\$) 250 90	Payee address; City: State; Zip of Pox J82 Fort Worth						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Call pals Contribution 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 /2/1/17	North East Tarraux	t Co. Liovis Club					
Amount (\$) 72. —	Payee address; City; State; Zip (Arizulaa Kestau Muut 6055 Kake Luovih Blu		76/35				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheen	dule) Description Check if travel outside of Texas. Cor Check if Austin, TX, officeholde					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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

Former averided by Taylor Cables Commission

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

Candidate/Officeholder/Politi			Out Of District enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F	1: 2 FILER NAME Dennis Shingler	3 Filer	r ID (Ethics Commission Filers)		
4 Date /2/1/17	5 Payee name Lighthouse for Blind	- Fort Work			
6 Amount (\$) -	7 Payee address; City; State; Zip Code 912 W. Bradway; Fost Works	1.			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	donation	Check if travel outside of Texa	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/C	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
12/12/17	Lubesmart				
Amount (\$)	Payee address; City; State; Zip Code				
112	3969 Boat Club Rd Lake worth Tx	76235			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Office overhead	Check if travel outside of Texas.	•		
EXPENDITURE	(rental)	Check if Austin, TX, officeh	older living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
12/18/17	Staples				
Amount (\$)	Payee address; City; State; Zip Code				
19.47	1660 S. University Br	Fort worth Tx	76107		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	all is and hard	Check if travel outside of Texas. Check if Austin, TX, officeho	,		
EXPENDITURE	Office overhead	CHECK II Adding 129 Ontone	older living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 23.58 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** ce over head OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Mi COCINA Restainment Amount (\$) Tour WONTH TX Check if travel outside of Texas. Complete Schedule T. **PURPOSE** bod - beverage Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name L15P5 Payee address; City; State; Zip Code ort worth Tx Category (See Categories listed at the top of this schedule) ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE OF** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense **Event Expense** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAM 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name BOX 210816 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** donators OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name STAPLES Amount (\$) City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Office overhead Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; City; State; Zip Code TRY WONTH TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 7 Pavee address: State; (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Amount (\$ Category (See Categories listed at the top of this schedule) Description ☐ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** donatión Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH