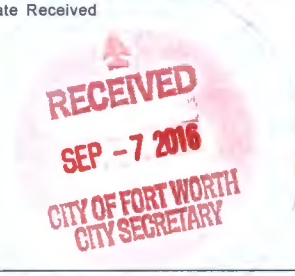


# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>1</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI <u>DENNIS</u> <u>T.</u>			
		NICKNAME LAST SUFFIX <u>SHINGLETON</u>			
4 ORIGINAL REPORT TYPE <u>C/OH</u>		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <u>2016</u> <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report			
5 ORIGINAL PERIOD COVERED		Month Day Year    THROUGH    Month Day Year <u>01 / 16 / 16</u> <u>07 / 15 / 16</u>		Receipt #    Amount \$	
				Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION  
mis spelled name of contributor

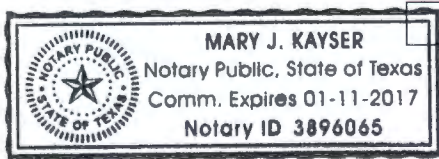
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

**Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Dennis Shingleton  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dennis Shingleton, this the 7th day of September.

2016, to certify which, witness my hand and seal of office.

Mary Kayser    MARY J KAYSER    City Secretary  
Signature of officer administering oath    Printed name of officer administering oath    Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>1</u>
2 FILER NAME <u>DENNIS SHINGLETON</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/7/16</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SCOTT NOLES</u>	7 Amount of contribution (\$) <u>\$500. -</u>
6 Contributor address; City; State; Zip Code <u>777 Taylor St. #1126 FW 76102</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 1

2 FILER NAME DENNIS SHINGLETON 3 Filer ID (Ethics Commission Filers)

4 Date 3/7/16 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) SCOTT ROLES 7 Amount of contribution (\$) \$500.-  
 6 Contributor address; City; State; Zip Code 777 Taylor St. #1126 FW 76102

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)

*(Empty section for additional contributions)*

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.