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:
15

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST: DENNIS

MI: P

NICKNAME

LAST: SHINGLETON

SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED
JUL 11 2016
CITY OF FORT WORTH
CITY SECRETARY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

PO BOX 470336
FORT WORTH TX 76147

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 371-4150

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR.

FIRST: DEE

MI

NICKNAME

LAST: KELLY

SUFFIX: JR.

Receipt #

Amount $

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

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

201 MAIN ST. 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
01 / 16 / 16

THROUGH

Month Day Year
07 / 15 / 16

11 ELECTION

ELECTION DATE

Month Day Year
/ /

ELECTION TYPE

☐ Primary
☐ Runoff
☐ Other Description

☐ General
☐ Special

12 OFFICE

OFFICE HELD (if any)

FORT WORTH CITY COUNCILMAN DIST. 7

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

www.ethics.state.tx.us

Revised 9/8/2015

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
DENNIS P. SHINGLETON	

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	COMMITTEE NAME
	☐ GENERAL	
	☐ SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
☐ Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS

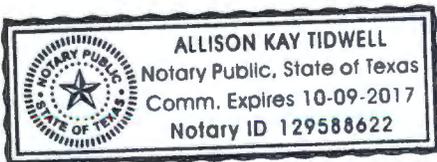| 17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ *500.—*
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ *9316.15*
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ *57,400.72*
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

18 AFFIDAVIT

ALLISON KAY TIDWELL
Notary Public, State of Texas
Comm. Expires 10-09-2017
Notary ID 129588622

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.

_____
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Dennis Shingleton*, this the *11th* day of *July*, 20*16*, to certify which, witness my hand and seal of office.

Allison Tidwell	*Allison Tidwell*	*Notary*
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	☑ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ *500.—*
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

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 ($)
3/7/16	SCOTT ROLES	$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)

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	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	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)
11	DENNIS SHINGLETON	

4 Date	5 Payee name
1/20/16	STAPLES INC

6 Amount ($)	7 Payee address; City; State; Zip Code
12.44	6313 LAKE WORTH BLVD. LAKE WORTH TX 76135

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE 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

Date	Payee name
1/21/16	CUBESMART

Amount ($)	Payee address; City; State; Zip Code
59.95	3969 BOAT CLUB RD. LAKE WORTH TX 76135

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD - STORAGE -	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
2/4/16	FORT WORTH STOCKSHOW : RADIO

Amount ($)	Payee address; City; State; Zip Code
46.00	3400 BURNETTE TANDY DR. FORT WORTH TX

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 1	5 Payee name CUBESMART

6 Amount ($) $49.95

7 Payee address;   City;   State;   Zip Code
3969 BOAT CLUB RD. LAKE WORTH TX 76135

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
OFFICE OVERHEAD
- STORAGE -

(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 2/19/16 ~~20.52~~	Payee name MI COCHINA RESTAURANT

Amount ($) $29.52

Payee address;   City;   State;   Zip Code
509 MAIN ST FORT WORTH TX 76102

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
FOOD - BEVERAGE 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

Date 2/29/16	Payee name OFFICE DEPOT

Amount ($) $18.39

Payee address;   City;   State;   Zip Code
6680 W. Freeway Fort Worth Tx 76107

PURPOSE OF EXPENDITURE

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	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	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 Shingleton*	3 Filer ID (Ethics Commission Filers)

4 Date 2/29/16	5 Payee name *Lake Country Property Owners Assoc.*

6 Amount ($) 100.00	7 Payee address; City; State; Zip Code *8210 Spring St. Fort Worth Tx 76179*

8 **PURPOSE OF EXPENDITURE**	(a) Category (See Categories listed at the top of this schedule) *Contribution/Donation to Home Owner's Assoc*	(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 3/2/16	Payee name *H3 Ranch*

Amount ($) 85.69	Payee address; City; State; Zip Code *109 E. Exchange Ave Fort Worth Tx*

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) *Food Beverage 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

Date 3/2/16	Payee name *Texas My Thai*

Amount ($) 37.68	Payee address; City; State; Zip Code *911 Houston St. Fort Worth Tx 76102*

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) *Food Beverage 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	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	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 Shingleton_	**3** Filer ID (Ethics Commission Filers)

4 Date _2/25/16_	**5** Payee name _BSA Longhorn Council_

6 Amount ($) _200.—_	**7** Payee address; City; State; Zip Code _PO Box 54190 Hurst Tx 76054_

8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) _Contribution/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

Date _3/4/16_	Payee name _Eddie Vs_

Amount ($) _92.40_	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 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

Date _3/10/16_	Payee name _Cubesmart_

Amount ($) _49.95_	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 Storage_	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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	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	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 Shingleton*	3 Filer ID (Ethics Commission Filers)

4 Date *3/10/16*	5 Payee name *United States Postal System*	

6 Amount ($) *$49.00*	7 Payee address; City; State; Zip Code *3930 Telephone Rd. Lake Worth Tx 76135*

8 **PURPOSE OF EXPENDITURE**	(a) Category (See Categories listed at the top of this schedule) *Postal - Stamps*	(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 *3/1/16*	Payee name *Reata Restaurant*	

Amount ($) *95.00*	Payee address; City; State; Zip Code *310 Houston St. Fort Worth Tx 76102*

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) *Food - beverage 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

Date *3/26/16*	Payee name *Cops for Kids BBQ*	

Amount ($) *$150.—*	Payee address; City; State; Zip Code *Fort Worth POA* *395 Purcey St. Fort Worth Tx 76102*

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) *donation - gift - award 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

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 3/28/16	5 Payee name Cubesmart

6 Amount ($) 138.-	7 Payee address; City; State; Zip Code 3969 Boat Club Rd. Lake Worth Tx 76135

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Office overhead
- storage -

(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 3/29/16	Payee name Laura Pearce

Amount ($) 150.-	Payee address; City; State; Zip Code Fort Worth POA 2501 Parkview Dr. Fort Worth Tx 76102

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
donation - gift-award

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 4/04/16	Payee name Eddie V's Restaurant

Amount ($) 140.83	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 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

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 4/13/16	5 Payee name Capital Grille	

6 Amount ($) 44.89	7 Payee address; City; State; Zip Code 800 Main Street Fort Worth Tx 76102	

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Food / Beverage 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

---

Date 4/20/16	Payee name JTD Strategies	

Amount ($) 1250.00	Payee address; City; State; Zip Code 201 Main St Suite 600 Fort Worth Tx 76102	

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

---

Date 4/22/16	Payee name Original Mexican Restaurant	

Amount ($) 31.70	Payee address; City; State; Zip Code 4317 Camp Bowie Blvd. Fort Worth Tx 76107	

PURPOSE OF EXPENDITURE

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	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	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 Shingleton*	**3** Filer ID (Ethics Commission Filers)

4 Date *4/28/16*	**5** Payee name *JTD Strategies*

6 Amount ($) *2688.37*	**7** Payee address; City; State; Zip Code *201 Main St. Suite 600 Fort Worth Tx 76107*

8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) *Consulting 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

Date *4/29/16*	Payee name *Eddie Vs*

Amount ($) *134.58*	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 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

Date *5/1/16*	Payee name *JTD Strategies*

Amount ($) *2887.22*	Payee address; City; State; Zip Code *201 Main St. Suite 600 Fort Worth Tx 76107*

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	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	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 Shingleton	3 Filer ID (Ethics Commission Filers)

4 Date 5/6/16	5 Payee name Michael's Restaurant

6 Amount ($) 46.29	7 Payee address; City; State; Zip Code 3413 W. 7th St. Fort Worth Tx 76107

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food - Beverage 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

Date 5/6/16	Payee name Greater Fort Worth Leaders Assoc.

Amount ($) $100.-	Payee address; City; State; Zip Code 3850 Silverton Circle Suite 1301 Fort Worth Tx 76133

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution / 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 4/27/16	Payee name Saginaw Lions Club

Amount ($) 66.-	Payee address; City; State; Zip Code 405 Belmont Street Saginaw Tx 76179

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution / 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 6/3/16	5 Payee name _United States Postal Service_	

6 Amount ($) 47.00	7 Payee address; City; State; Zip Code _3930 Telephone Road Lake Worth Tx 76135_	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) _Postal- Stamps advertising 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

Date 6/19/16	Payee name _Rotary Club of Fort Worth_	

Amount ($) 300.—	Payee address; City; State; Zip Code _306 W. 7th St. Suite 715 Fort Worth Tx 76102_	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) _Other- membership_	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 6/22/16	Payee name _Charleston's Restaurant_	

Amount ($) 65.67	Payee address; City; State; Zip Code _3020 S. Hulen St Fort Worth Tx 76109_	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) _Food -Beverage 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

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 6/29/16	5 Payee name CubeSmart

6 Amount ($) 92.00	7 Payee address; City; State; Zip Code 3969 Boat Club Rd. Lake Worth Tx 76135

8 PURPOSE OF EXPENDITURE

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

Office Overhead Storage

(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 6/29/16	Payee name Charleston's Restaurant

Amount ($) $57.63	Payee address; City; State; Zip Code 3020 S. Hulen St. Fort Worth Tx 76109

PURPOSE OF EXPENDITURE

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

Food - Beverage 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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED