

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX.

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission Filers) **2 Total pages filed:** *17/18 20*

OFFICE USE ONLY

Date Received

RECEIVED
 APR 14 2011
 CITY OF FT. WORTH
 CITY SECRETARY

Date Handled: APR 14 2011 Postmarked

Receipt # _____ Amount _____

Date Processed _____

Date Imaged _____

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR *(MR)* FIRST *DENNIS* MI *P.*

NICKNAME LAST SUFFIX

SHINGLETON

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

P.O. 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 *(MR)* FIRST *JOHN* MI *M*

NICKNAME LAST SUFFIX

STEVENSON

7 CAMPAIGN TREASURER ADDRESS
 (Residence or Business)

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

SUITE 3100 201 MAIN ST.
Fort Worth Tx 76102

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 390 - 8509

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 Month Day Year

02/14/2011 THROUGH *04/04/2011*

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year

05/14/2011 Primary Runoff General Special

12 OFFICE OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**

FW City Council Dist. 7

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.

Name *NONE*

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME DENNIS P. SHINGLETON 16 ACCOUNT # (Ethics Commission Filers)

17 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 34,025.-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 34,025.-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 1,142.73
	4. TOTAL POLITICAL EXPENDITURES	\$ 25,017.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,007.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5000. ⁰⁰

19 AFFIDAVIT

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

Dennis Singleton
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dennis Singleton, this the 13 day of April, 20 11, to certify which, witness my hand and seal of office.

Debbie Turman
Signature of officer administering oath

Debbie Turman
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1 of 17

2 FILER NAME

DENNIS SHINGLETON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/14/11

5 Full name of contributor out-of-state PAC (ID# _____)

DANNY & LYNETTE JENSEN

6 Contributor address; City; State; Zip Code

4004 HARTWOOD
FORT WORTH TX 76109

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/15/11

Full name of contributor out-of-state PAC (ID# _____)

JOHN M. STEVENSON

Contributor address; City; State; Zip Code

1207 HILLCREST ST.
FORT WORTH TX 76107

Amount of contribution (\$)

\$1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/18/11

Full name of contributor out-of-state PAC (ID# _____)

MR. & MRS. JOHN V. ROACH II

Contributor address; City; State; Zip Code

2805 ALTON ROAD
FORT WORTH TX 76109

Amount of contribution (\$)

\$1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/28/11

Full name of contributor out-of-state PAC (ID# _____)

STACEY JANDRUCKO

Contributor address; City; State; Zip Code

5700 HOLLOW OAK TR.
MANSFIELD TX 76063

Amount of contribution (\$)

\$2500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/28/11

Full name of contributor out-of-state PAC (ID# _____)

F HOWARD WALSH JR.

Contributor address; City; State; Zip Code

500 W. 7th St. STE 1007
FORT WORTH TX 76102

Amount of contribution (\$)

\$2500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 17

2 FILER NAME

DENNIS SHINGLETON

3 ACCOUNT # Ethics Commission Filers)

4 Date

2/28/11

5 Full name of contributor out-of-state PAC (ID# _____)

ANN & MALCOM LOUDEN

6 Contributor address; City; State; Zip Code

709 ALTA DR.
FORT WORTH TX 76107

7 Amount of contribution (\$)

\$5000⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/2/11

Full name of contributor out-of-state PAC (ID# _____)

GOOD GOVERNMENT FUND

Contributor address; City; State; Zip Code

201 MAIN ST. SUITE 2500
FORT WORTH TX

Amount of contribution (\$)

\$2000.-

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/11

Full name of contributor out-of-state PAC (ID# _____)

JUDY G NEEDHAM

Contributor address; City; State; Zip Code

5328 COLLINWOOD AVE
FORT WORTH TX 76107

Amount of contribution (\$)

\$250.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/11

Full name of contributor out-of-state PAC (ID# _____)

DON & JUDITH PESKA

Contributor address; City; State; Zip Code

5017 RANCH VIEW RD.
FORT WORTH TX 76109

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/5/11

Full name of contributor out-of-state PAC (ID# _____)

THOMAS J FAIRCHILD TR & JANILE KNEEL DO

Contributor address; City; State; Zip Code

6725 MEDINAH DR.
FORT WORTH TX 76132

Amount of contribution (\$)

\$500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
3 of 17

2 FILER NAME
DENNIS SHINGLETON

3 ACCOUNT # (Ethics Commission Filers)

4 Date
3/7/11

5 Full name of contributor out-of-state PAC (ID# _____)
T.J. & CHERYL MORTON

7 Amount of contribution (\$)
\$25.⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**2505 DARTFORD BEND
CEDAR PARK TX 78613**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3/7/11

Full name of contributor out-of-state PAC (ID# _____)
J. GREGORY & CATHERINE LIPP

Amount of contribution (\$)
\$100.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**6108 TERRACE OAKS LN.
FORT WORTH TX 76112**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/15/11

Full name of contributor out-of-state PAC (ID# _____)
JEFFREY K. WENTWORTH

Amount of contribution (\$)
\$500.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**5020 BRYCE AVE
FORT WORTH TX 76107**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/15/11

Full name of contributor out-of-state PAC (ID# _____)
ALFRED & JUANA DANIELL

Amount of contribution (\$)
\$200.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1395 ROARING SPRINGS RD.
FORT WORTH TX 76114**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/15/11

Full name of contributor out-of-state PAC (ID# _____)
CECIL / CAROLYN C. MUNN

Amount of contribution (\$)
\$100.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1725 HULEN ST
FORT WORTH TX 76107**

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4917

2 FILER NAME

DENNIS SINGLETON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/15/11

5 Full name of contributor out-of-state PAC (ID#)

EDWARD P. BASS

7 Amount of contribution (\$)

\$ 2000.-

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

201 MAINST. SUITE 3100
FORT WORTH TX 76102

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/16/11

Full name of contributor out-of-state PAC (ID#)

BURR FAIRLAMB

Amount of contribution (\$)

\$ 125.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4820 BRYCE AVE
FW TX 76107

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/11

Full name of contributor out-of-state PAC (ID#)

MARSHA & TERRY WRIGHT

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1605 ASHLAND
FW TX 76107

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/11

Full name of contributor out-of-state PAC (ID#)

JOHN & DEBBIE ALSHINBACH

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4710 DEXTER AVE.
FW TX 76107

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/11

Full name of contributor out-of-state PAC (ID#)

ADELAIDE & TOM LEAVENS

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3839 SOUTH HILLS CIR.
FT W TX 76109

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:
5 of 17

2 FILER NAME **DENNIS SHINGLETON** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 3/16/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIMOTHY & ELAINE PETRUS	7 Amount of contribution (\$) \$250.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3736 COUNTRY CLUB CIR FORT WORTH TX 76109		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 3/16/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM & ANN GREENHILL	Amount of contribution (\$) \$250.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1608 ASHLAND AVE. FW TX 76107		(If travel outside of Texas, complete Schedule T)	

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

Date 3/16/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES DUNAWAY	Amount of contribution (\$) \$250.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 777 TAYLOR ST. 1040 FT. WORTH TX 76102		(If travel outside of Texas, complete Schedule T)	

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

Date 3/16/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE & KATHY NICOL	Amount of contribution (\$) \$150.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3882 SOUTH HILLS CIR. FW TX 76109		(If travel outside of Texas, complete Schedule T)	

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

Date 3/16/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARLIE DAVENPORT	Amount of contribution (\$) \$200.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4070 CLARKE AVE FW TX 76107		(If travel outside of Texas, complete Schedule T)	

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
6 of 17

2 FILER NAME
DENNIS SINGLETON

3 ACCOUNT # (Ethics Commission Filers)

4 Date
3/16/11

5 Full name of contributor out-of-state PAC (ID#:
ROBERT & NANCY MITCHELL

7 Amount of contribution (\$)
\$50⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**3775 W. 4th ST.
FW TX 76107**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3/16/11

Full name of contributor out-of-state PAC (ID#:
DEE FINLEY

Amount of contribution (\$)
\$100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**777 MAIN ST STE 3600
FW TX 76102**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/16/11

Full name of contributor out-of-state PAC (ID#:
HALFF ASSOCIATES STATE PAC

Amount of contribution (\$)
\$500⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1201 NORTH BONSER RD.
RICHARDSON TX 75081**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/21/11

Full name of contributor out-of-state PAC (ID#:
R. E. BOLEN

Amount of contribution (\$)
\$200⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**4213 CANDLEN LN
FORT WORTH TX 76133**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/21/11

Full name of contributor out-of-state PAC (ID#:
DEE KELLY JR.

Amount of contribution (\$)
\$100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**417 RIVERQUEST DR.
FORT WORTH TX 76107**

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

7 of 17

2 FILER NAME

DENNIS SHINGLETON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/21/11

5 Full name of contributor out-of-state PAC (ID#: _____)

CHARLES W. NIXON

7 Amount of contribution (\$)

\$200⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

104 CRESTWOOD DR.
FORT WORTH TX 76107

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/21/11

Full name of contributor out-of-state PAC (ID#: _____)

DICK & EVELYN FISH

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8909 CROSSWIND DR.
FORT WORTH TX 76179

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/11

Full name of contributor out-of-state PAC (ID#: _____)

MARTY LEONARD

Amount of contribution (\$)

\$1000⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1411 SHADY OAKS LN.
FORT WORTH TX 76107

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/11

Full name of contributor out-of-state PAC (ID#: _____)

STEVE R. RUSSELL

Amount of contribution (\$)

\$250⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6728 DESERT HIGHLAND DR.
FORT WORTH TX 76132

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/11

Full name of contributor out-of-state PAC (ID#: _____)

RICE TILLEY

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

201 MAIN ST STE 2200
FORT WORTH TX 76102

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
8 of 17

2 FILER NAME
DENNIS SHINGLETON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/21/11

5 Full name of contributor out-of-state PAC (ID# _____)
JOHN H. MADDOX

6 Contributor address; City; State; Zip Code

**2120 RIDGEMARK BLVD.
FORT WORTH TX 76116**

7 Amount of contribution (\$)

\$250⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/21/11

Full name of contributor out-of-state PAC (ID# _____)
AMES FENDER

Contributor address; City; State; Zip Code

**1251 WEST MAGNOLIA
FORT WORTH TX 76104**

Amount of contribution (\$)

\$250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/11

Full name of contributor out-of-state PAC (ID# _____)
BILL & PAT MEADOWS

Contributor address; City; State; Zip Code

**3904 HAMILTON AVE
FW TX 76107**

Amount of contribution (\$)

\$500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/11

Full name of contributor out-of-state PAC (ID# _____)
JULIA & STEVE KAYLOR

Contributor address; City; State; Zip Code

**7649 EAGLE RIDGE CIRCLE
FW TX 76179**

Amount of contribution (\$)

\$250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/11

Full name of contributor out-of-state PAC (ID# _____)
DR. & MRS W.M. B. SCROBBIE

Contributor address; City; State; Zip Code

**4732 WASHBURN AVE.
FW TX 76107**

Amount of contribution (\$)

\$50⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
9 of 17

2 FILER NAME
DENNIS SHINGLETON

3 ACCOUNT # (Ethics Commission Filers)

4 Date
3/22/11

5 Full name of contributor out-of-state PAC (ID#:
ROBERT B. & LYNN NICHOLAS

6 Contributor address; City; State; Zip Code
**5309 EL CAMPO
FW TX 76107**

7 Amount of contribution (\$)
\$50⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3/22/11

Full name of contributor out-of-state PAC (ID#:
TOM & JOY LYNN SCHNELL

Contributor address; City; State; Zip Code
**8708 ANCHORAGE CRT.
FW TX 76109**

Amount of contribution (\$)
\$150⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/22/11

Full name of contributor out-of-state PAC (ID#:
CONRAD SCHMID

Contributor address; City; State; Zip Code
**PO BOX 471635
FW TX 76147**

Amount of contribution (\$)
\$100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/27/11

Full name of contributor out-of-state PAC (ID#:
Marlene Beckman

Contributor address; City; State; Zip Code
**2300 Medford Ct E
FT Worth 76109**

Amount of contribution (\$)
\$100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/27/11

Full name of contributor out-of-state PAC (ID#:
Reed Piggman Jr.

Contributor address; City; State; Zip Code
**200 Texas way
Ft Worth TX 76106**

Amount of contribution (\$)
\$500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

10 of 17

2 FILER NAME

Dennis Singleton

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/27/11

5 Full name of contributor out-of-state PAC (ID#: _____)

MARGARETH CRADDOCK

7 Amount of contribution (\$)

\$100⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4904 DEXTER AVE.
FT. WORTH TX 76107

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/27/11

Full name of contributor out-of-state PAC (ID#: _____)

GAIL CUPP

Amount of contribution (\$)

\$50⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

9225 HAVON DR.
FT WORTH 76108

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/27/11

Full name of contributor out-of-state PAC (ID#: _____)

NICOLO S GENUA

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

508 N. BAILEY AVE
FT. WORTH TX 76107

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/27/11

Full name of contributor out-of-state PAC (ID#: _____)

LINDBARGER, GUBGAN, BLANK & SAMPSON

Amount of contribution (\$)

\$1000⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. BOX 17428
AUSTIN TX 78760

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/27/11

Full name of contributor out-of-state PAC (ID#: _____)

GIB LEWIS

Amount of contribution (\$)

\$250⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2300 RACE ST.
FW TX 76111

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
11 of 17

2 FILER NAME
Dennis Singleton

3 ACCOUNT # (Ethics Commission Filers)

4 Date
3/27/11

5 Full name of contributor out-of-state PAC (ID#:
DANNY & LYNETTE JENSEN

7 Amount of contribution (\$)
\$100⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**4004 HARTWOOD
FT WORTH TX 76109**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
3/27/11

Full name of contributor out-of-state PAC (ID#:
SEYMOUR SOHMER

Amount of contribution (\$)
\$25⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**400 CRESTWOOD
FT. WORTH TX 76107**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/27/11

Full name of contributor out-of-state PAC (ID#:
JOSEPH M WALLER

Amount of contribution (\$)
\$250⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**P.O. BOX 150689
FT. WORTH TX 76108**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/27/11

Full name of contributor out-of-state PAC (ID#:
JOHN FLING MD

Amount of contribution (\$)
\$500⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**5510 CANYON RD #1125
BENBROOK TX 76126**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/27/11

Full name of contributor out-of-state PAC (ID#:
CARTER BURDETTE

Amount of contribution (\$)
\$200⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**600 WEST 6th ST. Suite 300
FT WORTH TX 76102**

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

12 of 17

2 FILER NAME

Dennis Singleton

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/27/11

5 Full name of contributor out-of-state PAC (ID# _____)

JOHN H. WILLIAMS

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4737 LAFAYETTE AVE
FT. WORTH TX 76107

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/27/11

Full name of contributor out-of-state PAC (ID# _____)

MICHAEL B. MUELLER

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2234 LOARIE LN.
WEATHERFORD TX 76087

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/27/11

Full name of contributor out-of-state PAC (ID# _____)

KENNETH BARR

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3101 AVONDALE AVE
FT WORTH TX 76109

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/11

Full name of contributor out-of-state PAC (ID# _____)

DAVID & Suzanne Hooper

Amount of contribution (\$)

\$50.00
(CASH)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7805 Regatta Court
FW, TX 76179

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/11

Full name of contributor out-of-state PAC (ID# _____)

ARNOLD & Harriette Gachman

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1229 Shady Oaks Lane
FW, TX 76107

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

13 of 17

2 FILER NAME

Dennis P. Shingleton

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/28/11

5 Full name of contributor out-of-state PAC (ID#)

Garland & Mollie LASATER, Jr.

6 Contributor address; City; State; Zip Code

3815 Lisbon St. Ste 203
FW, TX 76107

7 Amount of contribution (\$)

\$ 500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/28/11

Full name of contributor out-of-state PAC (ID#)

R. Denny Alexander

Contributor address; City; State; Zip Code

4200 S. Helen St. Ste 617
FW, TX 76109

Amount of contribution (\$)

\$

In-kind contribution description (if applicable)

100.-

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/11

Full name of contributor out-of-state PAC (ID#)

Mannie Farren

Contributor address; City; State; Zip Code

8649 Canyon Crest Rd.
FW, TX 76179

Amount of contribution (\$)

\$

In-kind contribution description (if applicable)

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/11

Full name of contributor out-of-state PAC (ID#)

L.O. "Buz" Brightbill III

Contributor address; City; State; Zip Code

8908 Crestwood Lane
FW, TX 76179

Amount of contribution (\$)

\$

In-kind contribution description (if applicable)

200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/11

Full name of contributor out-of-state PAC (ID#)

RUSSELL & JEAN GAMBER

Contributor address; City; State; Zip Code

2404 CHAMNEY HILL DR
ARLINGTON TX 76012

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

14 of 17

2 FILER NAME

DENNIS SHINGLETON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/30/11

5 Full name of contributor out-of-state PAC (ID#: _____)

JAMES W. SCHELL

7 Amount of contribution (\$)

\$500⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

901 WASHINGTON TERRACE
FW 76107

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/30/11

Full name of contributor out-of-state PAC (ID#: _____)

JAMES R. HARRIS

Amount of contribution (\$)

\$1000⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

619 RIVERCREST DR
76107

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/11

Full name of contributor out-of-state PAC (ID#: _____)

RANZELL NICKELSON

Amount of contribution (\$)

\$250⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4108 TAMWORTH RD.
FW TX 76116

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/11

Full name of contributor out-of-state PAC (ID#: _____)

KEN WERSCHAY

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8410 GOLF CLUB DR.
FW. 76179

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/11

Full name of contributor out-of-state PAC (ID#: _____)

WESLEY R. TURNER

Amount of contribution (\$)

\$250⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

500 WEST 7th St. Suite 1701
FORT WORT 76102

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

15 of 17

2 FILER NAME

DENNIS SHINGLETON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/30/11

5 Full name of contributor out-of-state PAC (ID#: _____)

PAVLIK & ASSOC.

6 Contributor address; City; State; Zip Code

6115 CAMP BOWIE BLVD.
FW TX 76116

7 Amount of contribution (\$)

\$100⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/30/11

Full name of contributor out-of-state PAC (ID#: _____)

FREESE & NICHOLS PAC

Contributor address; City; State; Zip Code

HASS INTERNATIONAL PLAZA
FORT WORTH TX 76109

Amount of contribution (\$)

\$250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/11

Full name of contributor out-of-state PAC (ID#: _____)

WELDON & MARY LEE HAFLEY

Contributor address; City; State; Zip Code

8304 BELFRY CRT.
FORT WORTH TX 76179

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

16 of 17

2 FILER NAME

DENNIS SINGLETON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/1/11

5 Full name of contributor out-of-state PAC (ID# _____)

MIKE MONCRIEF CAMPAIGN

6 Contributor address; City; State; Zip Code

777 TAYLOR ST. SUITE 1030
FORT WORTH TX 76102

7 Amount of contribution (\$)

\$250⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/1/11

Full name of contributor out-of-state PAC (ID# _____)

J D JOHNSON CAMPAIGN

Contributor address; City; State; Zip Code

PO BOX 136021
FORT WORTH TX 76136

Amount of contribution (\$)

\$200⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

178/17

2 FILER NAME

DENNIS SINGLETON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/4/11

5 Full name of contributor out-of-state PAC (ID# _____)

BARBARA BEERLING

7 Amount of contribution (\$)

\$500⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

8512 CROSSWIND DR
FORT WORTH TX 76179

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/4/11

Full name of contributor out-of-state PAC (ID# _____)

RICHARD + PAT CARR

Amount of contribution (\$)

\$500⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8609 CROSSWIND DR
FT. WORTH 76104 76179

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/11

Full name of contributor out-of-state PAC (ID# _____)

MIKE + MARILY BERRY

Amount of contribution (\$)

\$250⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6217 GENOA RD.
FORT WORTH TX 76116

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/11

Full name of contributor out-of-state PAC (ID# _____)

L. ALLEN HODGES III

Amount of contribution (\$)

\$500⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

306 W. 7th St. SUITE 701
FORT WORTH TX 76102

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/11

Full name of contributor out-of-state PAC (ID# _____)

THOMAS KRAMPITZ

Amount of contribution (\$)

\$300⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3420 POTOMAC AVE
DALLAS TX 75205

(If travel outside of Texas, complete Schedule T)

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.

LOANS

SCHEDULE E

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

2 FILER NAME **DENNIS P. SHINGLETON** 3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$

5 Date of loan 2/1/2011	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) DENNIS P. & CYNTHIA A SHINGLETON	9 Loan Amount (\$) 5000. -
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code 8600 CROSSWIND DR FORT WORTH TX 76179	10 Interest rate — 0 —
		11 Maturity date

12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)

14 Description of Collateral
 none

15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
---	---	---------------------------

19 Principal Occupation (See Instructions) 20 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date

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

Description of Collateral
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
--	---	------------------------

Principal Occupation (See Instructions) Employer (See Instructions)

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME DENNIS SHINGLETON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/2/2011		5 Payee name THE ELECTION GROUP			
6 Amount (\$) \$7500.00		7 Payee address; City; State; Zip Code 408 W. 14th ST. AUSTIN TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/7/11		Payee name THE ELECTION GROUP			
Amount (\$) \$10,000.00		Payee address; City; State; Zip Code 408 W. 14th St. AUSTIN TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/7/11		Payee name THE ELECTION GROUP			
Amount (\$) 2628.84		Payee address; City; State; Zip Code 408 W. 14th St. AUSTIN TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fundraiser- printing		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/7/11		Payee name THE ELECTION GROUP			
Amount (\$) 4889.11		Payee address; City; State; Zip Code 408 W. 14th St. AUSTIN TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Material expenses- signs		Description (If travel outside of Texas, complete Schedule T)	
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 PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME DENNIS P. SHINGLETON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/14/11		5 Payee name City of FW			
6 Amount (\$) \$100.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FR		(b) Description (If travel outside of Texas, complete Schedule T)	
Date 2/14/11		Payee name U S POSTAL SERVICE			
Amount (\$) \$90.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code ARLINGTON HTS FINANCE FT. WORTH TX 761072778			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead / Rental Exp.		Description (If travel outside of Texas, complete Schedule T)	
Date 3/30/11 2/20/11		Payee name HOME DEPOT			
Amount (\$) \$245.29 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3950 JIM WRIGHT FWY LAKE WORTH TX 76135			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OTHER - SIGN STAKES		Description (If travel outside of Texas, complete Schedule T)	
Date 4/7/11		Payee name U S POSTAL SERVICE			
Amount (\$) 88.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) stamps - office overhead		Description (If travel outside of Texas, complete Schedule T)	

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523.90