

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:

47

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

DENNIS
SHINGLETON

P.

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 470336

FORT WORTH TX

76147

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 371-4150

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR DEE
KELLY JR.

Receipt

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

201 Main St. Suite 2500

FORT WORTH TX 76102

(Residence or Business)

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

07 / 16 / 16

THROUGH

Month Day Year

01 / 15 / 17

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

DENNIS P. SHINGLETON

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

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

\$

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

\$ *55,400.-*

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *11,544.37*

CONTRIBUTION
BALANCE

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

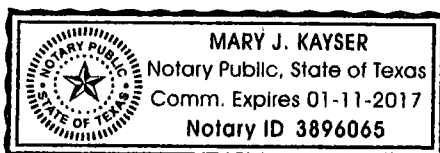
\$ *105,173.41*

OUTSTANDING
LOAN TOTALS

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

\$

18 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 P. Shingleton

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Dennis Shingleton*, this the *10th* day of *January*, 2017, to certify which, witness my hand and seal of office.

Signature of officer administering 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

DENNIS SHINGLETON

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 55,400.-
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11,544.37
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17 30

2 FILER NAME:

DENNIS I SINGLETON

3 Filer ID (Ethics Commission Filers)

4 Date

7/27/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Freese & Nichols PAC

7 Amount of contribution (\$)

\$250.-

6 Contributor address;

City; State; Zip Code

4055 International Pkwy
FORT WORTH 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

Phillips & Mary Nell Poole

Amount of contribution (\$)

\$250.-

Contributor address;

City; State; Zip Code

3637 Watonga
Fort Worth Tx 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

R. Denny Alexander

Amount of contribution (\$)

\$100.-

Contributor address;

City; State; Zip Code

4200 S. Hulen St.
Suite 617 Fort Worth Tx 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

Suzanne Smith Williams

Amount of contribution (\$)

\$250.-

Contributor address;

City; State; Zip Code

5404 El Campo
Fort Worth Tx 76107

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:

2 of 30

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

7/27/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Buzz & Ruth Brightbill

6 Contributor address; City; State; Zip Code

8908 Crestwood Dr.
FW TX 76179

7 Amount of contribution (\$)

\$250.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

Tim & Kim Preyer

Contributor address; City; State; Zip Code

9317 Mountain Lake
FW TX 76179

Amount of contribution (\$)

\$100.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

Joe C. Schneider

Contributor address; City; State; Zip Code

1401 Woodborough Ln
Keller TX 76248

Amount of contribution (\$)

\$250.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

Steve & Julia Kaylor

Contributor address; City; State; Zip Code

7649 Eagle Ridge Ct.
FW TX 76179

Amount of contribution (\$)

\$150.-

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:

3 of 30

2 FILER NAME

Dennis Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

7/27/16

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

4737 Lafayette Ave FW 76107

6 Contributor address; City; State; Zip Code

John & Suzy Williams

7 Amount of contribution (\$)

\$100. -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/27/16

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

Beth & Randy Gideon

Contributor address; City; State; Zip Code

2600 W. 7th St. #2548
FW 76107

Amount of contribution (\$)

\$250. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/16

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

R B Kelly III

Contributor address; City; State; Zip Code

301 Virginia Pl
FW TX 76107

Amount of contribution (\$)

\$100. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/16

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

Haydn H. Cuyler Jr

Contributor address; City; State; Zip Code

3825 Camp Bowie Blvd
FW TX 76107

Amount of contribution (\$)

\$2500. -

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:

4 of 30

2 FILER NAME

Dennis Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

7/27/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Rosa & Rachel Navejar

7 Amount of contribution (\$)

\$250. -

6 Contributor address;

City; State; Zip Code

2701 Calder Court FW 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

Reed Pfgman Jr.

Amount of contribution (\$)

\$500. -

Contributor address;

City; State; Zip Code

200 Texas Way FW TX 76106-2782

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

Ron & Beth Parrish

Amount of contribution (\$)

\$250. -

Contributor address;

City; State; Zip Code

1419 Thomas Place FW TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

Wayne & Ashby Owen

Amount of contribution (\$)

\$100. -

Contributor address;

City; State; Zip Code

8712 Overland Dr. FW TX 76179

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:

5 of 30

2 FILER NAME

Dennis Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

7/27/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Nick & Karen Nickelson

6 Contributor address;

City; State; Zip Code

6801 Fortune Rd FW 76116

7 Amount of contribution (\$)

\$250. -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

Pete & Beckie Geren

Contributor address;

City; State; Zip Code

1200 Washington Terrace FW TX 76107

Amount of contribution (\$)

\$100. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

Price & Judy Hulsey

Contributor address;

City; State; Zip Code

2205 Winton Terrace West FW TX 76109

Amount of contribution (\$)

\$100. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

Burr & Bette Fairclamb

Contributor address;

City; State; Zip Code

4820 Bryce Ave FW 76107

Amount of contribution (\$)

\$25. -

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:

6 of 30

2 FILER NAME

Dennis Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

7/27/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Mike & Linda Groomer

7 Amount of contribution (\$)

\$250.-

6 Contributor address;

City;

State;

Zip Code

6324 Skylark Circle
FW TX 76180

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

Richard & Carol Minkor

Amount of contribution (\$)

\$100.-

Contributor address;

City;

State;

Zip Code

2865 Manorwood Trail
FW TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

Arnold & Harriette Grachman

Amount of contribution (\$)

\$250.-

Contributor address;

City;

State;

Zip Code

1829 Shady Oaks Ln
FW TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

Jim Dunaway

Amount of contribution (\$)

\$500.-

Contributor address;

City;

State;

Zip Code

777 Taylor St. Ste 1040
FW TX 76102

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:

7 of 30

2 FILER NAME

Dennis Shingleton

3 Filer ID# (Ethics Commission Filers)

4 Date

7/27/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Dee & Becky Finley

6 Contributor address; City; State; Zip Code

2412 Medford Ct East
FW TX 76109

7 Amount of contribution (\$)

\$250. -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

W R Watt Jr.

Contributor address; City; State; Zip Code

5321 Benbridge Dr
FW TX 76107

Amount of contribution (\$)

\$100. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

Mr. & Mrs. John V. Roach II

Contributor address; City; State; Zip Code

2805 Alton Rd
FW 76109

Amount of contribution (\$)

\$500. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

Ann McFadyen

Contributor address; City; State; Zip Code

4821 Bryce Ave
FW TX 76107

Amount of contribution (\$)

\$25. -

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:

8 of 30

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

7/27/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Bill & Patti Meadows

7 Amount of contribution (\$)

\$ 250. -

6 Contributor address; City; State; Zip Code

3904 Hamilton Ave FW TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

Maureen & Mike Sause

Amount of contribution (\$)

\$ 250. -

Contributor address; City; State; Zip Code

2678 Edward Ave Baton Rouge La 70808

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

Ames Forder

Amount of contribution (\$)

\$ 100. -

Contributor address; City; State; Zip Code

311 Bryan Ave #203 FW TX 76104

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

John & Debbie Aughinbaugh

Amount of contribution (\$)

\$ 500. -

Contributor address; City; State; Zip Code

4710 Dexter Ave FW TX 76107

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:

9 of 30

2 FILER NAME

Dennis Shingleton

3 Filer ID# (Ethics Commission Filers)

4 Date

7/27/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Gary + Anne Terry

7 Amount of contribution (\$)

\$100. -

6 Contributor address;

City; State; Zip Code

117 Shady Lake Ct.
Hurst TX 76054

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

Jim + Gloria Austin

Amount of contribution (\$)

\$50. -

Contributor address;

City; State; Zip Code

2401 Scott Ave
FW TX 76103

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

Dick + Evelyn Fish

Amount of contribution (\$)

\$50. -

Contributor address;

City; State; Zip Code

8909 Crosswind Dr
FW TX 76179

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

JD Johnson + Alice Moore

Amount of contribution (\$)

\$100. -

Contributor address;

City; State; Zip Code

PO Box 136021
FW TX 76136

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:

104 30

2 FILER NAME

Dennis Singleton

3 Filer ☒ (Ethics Commission Filers)

4 Date

7/27/16

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gary Fickes

7 Amount of contribution (\$)

\$ 250. -

6 Contributor address;

City; State; Zip Code

4021 Hilltop Dr. Southlake Tx 76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ted Kitchens

Amount of contribution (\$)

\$ 100. -

Contributor address;

City; State; Zip Code

1585 Kelly Rd Alledo Tx 76008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Arlio Davenport

Amount of contribution (\$)

\$ 250. -

Contributor address;

City; State; Zip Code

4000 Clark Ave FW TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kenneth & Karen Barr

Amount of contribution (\$)

\$ 150. -

Contributor address;

City; State; Zip Code

3101 Avondale Ave FW TX 76109

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:

11 of 30

2 FILER NAME

Dennis Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

7/27/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Mike & Cindi Holt

7 Amount of contribution (\$)

\$250. -

6 Contributor address;

City; State; Zip Code

409 N. Bailey FW 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

Mike & Jennifer Patterson

Amount of contribution (\$)

\$2500. -

Contributor address;

City; State; Zip Code

2310 W I-20 #100
Arlington TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

Ann & Bill Greenhill

Amount of contribution (\$)

\$250. -

Contributor address;

City; State; Zip Code

1608 Ashland Ave
FW 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

John & Linda Maddux

Amount of contribution (\$)

\$100. -

Contributor address;

City; State; Zip Code

2120 Ridgman Blvd. FW 76116 + 2200
Suite 14

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:

12 of 30

2 FILER NAME

Dennis Singleton

3 Filer ID# (Ethics Commission Filers)

4 Date

7/27/16

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert W Brown MD

7 Amount of contribution (\$)

\$100. -

6 Contributor address;

City; State; Zip Code

4100 Clarke Ave FW

76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/27/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jack Labovitz

Amount of contribution (\$)

\$100. -

Contributor address;

City; State; Zip Code

2810 Berry St. FW

76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/30/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lee & Kathy Nicol

Amount of contribution (\$)

\$100. -

Contributor address;

City; State; Zip Code

3882 South Hills Cir. FW

76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/30/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Halt Associates - State PAC

Amount of contribution (\$)

\$500. -

Contributor address;

City; State; Zip Code

1201 N. Bowser Rd.

Richardson Tx 75081

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:

13 of 30

2 FILER NAME

Dennis Singleton

3 Filer ID# (Ethics Commission Filers)

4 Date

7/30/16

5 Full name of contributor

Meto Hiteff

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1000 -

6 Contributor address;

4433 Crestline R

City; State; Zip Code

FL TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/30/16

Full name of contributor

Brad Naxon & Lori Wonnack

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250. -

Contributor address;

2604 Museum Way #2104
FW TX 76107

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/3/16

Full name of contributor

Kay Granger

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1000.00

Contributor address;

1701 River Run Suite 1010
FORT WORTH TX 76107

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/3/16

Full name of contributor

Marty Leonard

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1000. -

Contributor address;

1411 Shady Oaks Lane
FORT WORTH TX 76107

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

14 of 30

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

8/3/16

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

Tera & Richard Garvey

7 Amount of contribution (\$)

\$250.-

6 Contributor address; City; State; Zip Code

PO BOX 9600
FW TX 76147

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/3/16

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

Taylor & Shirley Gandy

Amount of contribution (\$)

\$500.-

Contributor address; City; State; Zip Code

4250 Savita Crt
FW TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/3/16

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

David & Suzanne Hooper

Amount of contribution (\$)

\$100.-

Contributor address; City; State; Zip Code

7805 Regatta Crt
FW 76179

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5/16

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

Allen Hodges

Amount of contribution (\$)

\$300.-

Contributor address; City; State; Zip Code

306 W. 7th St. Suite 701
FW TX 76102

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:

15 of 30

2 FILER NAME

Dennis Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

8/5/16

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

Michael & Janet Barnard

7 Amount of contribution (\$)

\$250.-

6 Contributor address; City; State; Zip Code

4237 Wells Drive
Fort Worth TX 76135

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/5/16

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

Tim & Elaine Petrus

Amount of contribution (\$)

\$250.-

Contributor address; City; State; Zip Code

3736 Country Club Circle
FW TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5/16

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

Marcelle LeBlanc

Amount of contribution (\$)

\$100.-

Contributor address; City; State; Zip Code

5132 Collingwood Ave
FW 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5/16

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

Don Jury

Amount of contribution (\$)

\$250.-

Contributor address; City; State; Zip Code

436 Hartom Rd
FW 76117

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:

16 of 30

2 FILER NAME

Dennis Singleton

3 Filer ID# (Ethics Commission Filers)

4 Date

8/5/16

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Steve Murrin Jr.

7 Amount of contribution (\$)

\$ 250. -

6 Contributor address;

500 NE 23rd St.
FW 76164

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/5/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Hub & Martha Baker

Amount of contribution (\$)

\$ 250. -

Contributor address;

121 E. Exchange Ave
FW 76164

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Thad & Elizabeth Brundrett

Amount of contribution (\$)

\$ 500. -

Contributor address;

3901 W. 4th St.
FW 76107

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Justin Light

Amount of contribution (\$)

\$ 250. -

Contributor address;

6116 Kenwick Ave
FW 76116

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17 of 30

2 FILER NAME

Dennis Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

8/5/16

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Wyntriss Ware

6 Contributor address;

City; State; Zip Code

6332 Warwick Hills Dr.
FW 76132

7 Amount of contribution (\$)

\$ 200. -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/5/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Hammer & Nails Club -

Contributor address;

City; State; Zip Code

100 E. 15th St. Suite 600
FW 76102

Amount of contribution (\$)

\$ 500. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bill Henington

Contributor address;

City; State; Zip Code

12141 Indian Creek Dr.
FW 76179

Amount of contribution (\$)

\$ 100. -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Max Holderby

Contributor address;

City; State; Zip Code

2401 W. 9th St.
FW 76107

Amount of contribution (\$)

\$ 150. -

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:

18 of 30

2 FILER NAME

Dennis Singleton

3 Filer ID# (Ethics Commission Filers)

4 Date

8/5/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Jim & Judy Schell

7 Amount of contribution (\$)

\$250. -

6 Contributor address;

City; State; Zip Code

901 Ft. Worth Club Bldg FW 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/5/16

Full name of contributor

☐ out-of-state PAC (ID#:

Teresa Moore

Amount of contribution (\$)

\$50. -

Contributor address;

City; State; Zip Code

3616 Watonga St. FW 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5/16

Full name of contributor

☐ out-of-state PAC (ID#:

PAC of Pacheco Koch - Brian O'Neill

Amount of contribution (\$)

\$500. -

Contributor address;

City; State; Zip Code

7557 Rambler Rd. Suite 1400 Dallas TX 75231

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5/16

Full name of contributor

☐ out-of-state PAC (ID#:

Charlie & Beverly Powell

Amount of contribution (\$)

\$250. -

Contributor address;

City; State; Zip Code

PO Box 4444 Hurst TX 76053

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:

1985 30

2 FILER NAME

Dennis Skingleton

3 Filer ID (Ethics Commission Filers)

4 Date

8/5/16

5 Full name of contributor

Tim Fleet

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$ 2500. -

6 Contributor address;

City; State; Zip Code

3045 Lackland Rd. FW 76116

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/5/16

Full name of contributor

Dee Kelly Jr.

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 500. -

Contributor address;

City; State; Zip Code

417 Rivercrest Dr. FW 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5/16

Full name of contributor

Good Government Fund

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 1500. -

Contributor address;

City; State; Zip Code

201 MAIN ST. SUITE 300
FW TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5/16

Full name of contributor

Lineberger Goggan Blair & Sampson

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 2500. -

Contributor address;

City; State; Zip Code

PO Box 17428 Austin TX 78760

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:

20 of 30

2 FILER NAME

Dennis Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

8/5/16

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

Jan Fersing

7 Amount of contribution (\$)

\$100.-

6 Contributor address; City; State; Zip Code

3800 Trailwood Lane
FW 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/5/16

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

Jay Sandelin

Amount of contribution (\$)

\$100.⁰⁰

Contributor address; City; State; Zip Code

3200 Meander Rd
Granbury Tx 76049

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5/16

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

Robert Madeja

Amount of contribution (\$)

\$100.⁰⁰

Contributor address; City; State; Zip Code

PO Box 471285
FW 76147

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5/16

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

Carter Bundette

Amount of contribution (\$)

\$50.-

Contributor address; City; State; Zip Code

4717 Lafayette Ave
FW 76107

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:

21 of 30

2 FILER NAME

Dennis Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

8/5/16

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

Frank Matthews

7 Amount of contribution (\$)

\$ 25. -

6 Contributor address; City; State; Zip Code

429 College Ave #424
FW 76104

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/5/16

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

Jody Johnson

Amount of contribution (\$)

\$ 100. -

Contributor address; City; State; Zip Code

PO Box 136067
Lake Worth TX 76136

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5/16

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

Don Allen

Amount of contribution (\$)

\$ 500. -

Contributor address; City; State; Zip Code

7302 Tidal Trace
Arlington TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5/16

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

Kara Lawrence

Amount of contribution (\$)

\$ 100. -

Contributor address; City; State; Zip Code

3250 River Lodge Trl. # 435
FW 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:

22 of 30

2 FILER NAME

Dennis Singleton

3 Filer ID# (Ethics Commission Filers)

4 Date

8/5/16

5 Full name of contributor

☐ out-of-state PAC (ID#)

Jennifer & Robert Crow

7 Amount of contribution (\$)

\$ 100. -

6 Contributor address;

City; State; Zip Code

8416 Blue Heron Ct
FW 76108

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/5/16

Full name of contributor

☐ out-of-state PAC (ID#)

W H Crawford Jr. (Bill)

Amount of contribution (\$)

\$ 100. -

Contributor address;

City; State; Zip Code

4117 SHANNON
FW 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5/16

Full name of contributor

☐ out-of-state PAC (ID#)

Danny & Lynette Jensen

Amount of contribution (\$)

\$ 250. -

Contributor address;

City; State; Zip Code

4004 Hartwood Dr.
FW 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5/16

Full name of contributor

☐ out-of-state PAC (ID#)

George & Patricia Gray

Amount of contribution (\$)

\$ 100. -

Contributor address;

City; State; Zip Code

6612 Creekview Ct.
North Richland Hills 76180

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:

23 of 30

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

8/5/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Danny Scarth

7 Amount of contribution (\$)

\$100.-

6 Contributor address;

City;

State;

Zip Code

505 Highwoods Trl
FW 76112

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/5/16

Full name of contributor

☐ out-of-state PAC (ID#:

David & Mattie Parker

Amount of contribution (\$)

\$250.-

Contributor address;

City;

State;

Zip Code

6212 Curzon Ave
FW 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5/16

Full name of contributor

☐ out-of-state PAC (ID#:

Teri Kramer

Amount of contribution (\$)

\$25.-

Contributor address;

City;

State;

Zip Code

4913 Pershing Ave
FW 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5/16

Full name of contributor

☐ out-of-state PAC (ID#:

Jim & Marlene Beckman

Amount of contribution (\$)

\$200.-

Contributor address;

City;

State;

Zip Code

2300 Medford Ct East
FW 76109

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:

24 of 30

2 FILER NAME

Dennis Singleton

3 Filer ☒ (Ethics Commission Filers)

4 Date

8/5/16

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

Rasey + Lacie Pipas

7 Amount of contribution (\$)

\$ 250. -

6 Contributor address; City; State; Zip Code

3580 W. 4th St. FW 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/5/16

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

O.Z. + Brenda Helmer

Amount of contribution (\$)

\$ 100. -

Contributor address; City; State; Zip Code

2951 Oak Park Circle
FW 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/9/16

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

Caroline Dulle

Amount of contribution (\$)

\$ 100. -

Contributor address; City; State; Zip Code

1217 Clover Ln. FW 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/9/16

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

Tom + Ellen Harris

Amount of contribution (\$)

\$ 250. -

Contributor address; City; State; Zip Code

8040 Valley Drive
76182 North Richland Hills TX

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:

25 of 30

2 FILER NAME

Dennis Shingleton

3 Filer ID# (Ethics Commission Filers)

4 Date

8/9/16

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

Mary Palko

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

2409 Winton Terrace W. FW 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/9/16

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

Jeff Wentworth

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

5020 Bryce Ave
FW TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/9/16

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

Gail Rawl

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

4 Westover Rd.
FW TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/9/16

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

Mike & Rosie Morvrief

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

777 Taylor St Suite 1030
FW 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:

2617 30

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

8/9/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Rex & Pat Hyer

7 Amount of contribution (\$)

\$ 100. -

6 Contributor address;

City; State; Zip Code

6401 Cahoba Dr. FW 76135

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/15/16

Full name of contributor

☐ out-of-state PAC (ID#:

Mike & Lisa Ward

Amount of contribution (\$)

\$ 100. -

Contributor address;

City; State; Zip Code

2300 Hillcrest St
FW 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/22/16

Full name of contributor

☐ out-of-state PAC (ID#:

Richard & Julia Casarez

Amount of contribution (\$)

\$ 100. -

Contributor address;

City; State; Zip Code

8900 La Cantera FW 76108

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/22/16

Full name of contributor

☐ out-of-state PAC (ID#:

J. T. Ward

Amount of contribution (\$)

\$ 50. -

Contributor address;

City; State; Zip Code

3601 Monticello Dr. FW TX 76107

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:

27 of 30

2 FILER NAME

Dennis Skingleton

3 Filer ID (Ethics Commission Filers)

4 Date

8/22/16

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

Lockheed Martin Employees PAC

6 Contributor address; City; State; Zip Code

2121 Crystal Dr. Arlington Va 22202

7 Amount of contribution (\$)

\$500.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/22/16

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

David + Rachel Pettit

Contributor address; City; State; Zip Code

1201 Clover Ln FW 76107

Amount of contribution (\$)

\$500.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/22/16

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

Christopher Powers

Contributor address; City; State; Zip Code

1000 Foch St Ste 110 FW 76107

Amount of contribution (\$)

\$1000.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/22/16

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

Early and Merry Davis

Contributor address; City; State; Zip Code

3867 Bellaire Circle FW 76109

Amount of contribution (\$)

\$250.-

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:

28 of 30

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

8/31/16

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

Brad Hickman

7 Amount of contribution (\$)

\$250. -

6 Contributor address; City; State; Zip Code

914 Alta Dr Fort Worth TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/31/16

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

Stacey Jandrucko

Amount of contribution (\$)

\$2500. -

Contributor address; City; State; Zip Code

617 Westwood Ave FW 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/31/16

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

A. Malcolm Louden

Amount of contribution (\$)

\$5000. -

Contributor address; City; State; Zip Code

500 W. 7th St. Ste 1007
FW 76102-4773

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/12/16

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

Vernell Sturns

Amount of contribution (\$)

\$50. -

Contributor address; City; State; Zip Code

612 Highwoods Trail
FW TX 76112

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:

29 of 30

2 FILER NAME

Dennis Singleton

3 Filer ID (Ethics Commission Filers)

4 Date

9/15/16

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

Brenda Kostohryz

7 Amount of contribution (\$)

\$250.-

6 Contributor address; City; State; Zip Code

20 Westover Rd.
FW TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/17/16

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

Dan Lowrance

Amount of contribution (\$)

\$2000.-

Contributor address; City; State; Zip Code

2008 Four Oaks Ln
FW TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/17/16

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

Ross Calhoun

Amount of contribution (\$)

\$1000.-

Contributor address; City; State; Zip Code

3700 Santiago Court
Irving TX 75062

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/17/16

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

Mehrdad Moayedi

Amount of contribution (\$)

\$5000.-

Contributor address; City; State; Zip Code

1800 Valley View Lane Suite 300
Farmers Branch TX 75234

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:

30 of 30

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

9/25/16

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Marilyn & Mike Berry

6 Contributor address;

City; State; Zip Code

6217 Genoa Rd FW TX 76116

7 Amount of contribution (\$)

\$500.-

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/21/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Cantey Hauger LLP

Contributor address;

City; State; Zip Code

800 West 6th St. Suite 300
Fort Worth TX 76102

Amount of contribution (\$)

\$2500.-

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/21/16

Full name of contributor

☐ out-of-state PAC (ID#: _____)

PAT & RICHARD CARR

Contributor address;

City; State; Zip Code

8609 Crosswind Drive
Fort Worth TX 76179

Amount of contribution (\$)

\$500.-

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 (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 14	2 FILER NAME DENNIS SHINGLETON	3 Filer ID (Ethics Commission Filers)
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4 Date 7/16/16	5 Payee name JTD Strategies LLC
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6 Amount (\$) 511.91	7 Payee address; City; State; Zip Code 201 Main St. Suite 600 Fort Worth TX 76102
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) consulting expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/29/16	Payee name Lighthouse for Blind of Fort Worth
------------------------	---

Amount (\$) 500.-	Payee address; City; State; Zip Code 912 W. Broadway St Fort Worth TX 76104
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contribution	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/29/16	Payee name Eppstein Group
------------------------	-------------------------------------

Amount (\$) 2115.64	Payee address; City; State; Zip Code 4055 International Plaza Suite 600 Fort Worth TX 76107
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) consulting/printing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

2

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 of 14	2 FILER NAME Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
4 Date 8/8/16	5 Payee name Original Mexican Restaurant	
6 Amount (\$) *1754.02	7 Payee address; City; State; Zip Code 4317 Camp Bowie Blvd. Fort Worth TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food - Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 8/8/16	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 8/11/16	Payee name Boo-Ray's Restaurant	
Amount (\$) 112.20	Payee address; City; State; Zip Code 7255 Boat Club Rd. Fort Worth TX 76179	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food - Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 14	2 FILER NAME Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
4 Date 8/17/16	5 Payee name Eddie Vs	
6 Amount (\$) * 76.87	7 Payee address; City; State; Zip Code 3100 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 8/13/16	Payee name N L L E O		
Amount (\$) \$200. -	Payee address; City; State; Zip Code 3730 LADD AVE. DALLAS TX 751212		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution / Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 8/20/16	Payee name Sister Cities of Fort Worth		
Amount (\$) *500. -	Payee address; City; State; Zip Code PO Box 17879 Fort Worth TX 76102		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution / Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 14	2 FILER NAME DENNIS SHINGLETON	3 Filer ID (Ethics Commission Filers)
4 Date 8/22/16	5 Payee name Staples Inc.	
6 Amount (\$) \$12.76	7 Payee address; City; State; Zip Code 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 7/29/16	Payee name Veterans Freedom Retreat	
Amount (\$) 500. -	Payee address; City; State; Zip Code 7200 Robertson Road Fort Worth TX 76135	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution / Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 8/20/16	Payee name USS FORT WORTH Support Committee	
Amount (\$) \$1000. -	Payee address; City; State; Zip Code PO Box 246 Fort Worth TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributed / Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 14	2 FILER NAME Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
4 Date 8/24/16	5 Payee name Brotherhood for the Fallen - FW	
6 Amount (\$) \$ 500.-	7 Payee address; City; State; Zip Code 4651 N. Main St. Fort Worth TX 76106	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution / Donation	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 9/7/16	Payee name United States Postal System	
Amount (\$) \$ 47.00	Payee address; City; State; Zip Code 3930 Telephone Rd. Lake Worth TX 76135	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Postal - stamps	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 9/7/16	Payee name Kays Hallmark	
Amount (\$) \$ 43.29	Payee address; City; State; Zip Code 4828 Camp Bowie Blvd. Fort Worth TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 of 14	2 FILER NAME Dennis Singleton	3 Filer ID (Ethics Commission Filers)
4 Date 9/14/16	5 Payee name Fred's Texas TCU	
6 Amount (\$) 33.50	7 Payee address; City; State; Zip Code 3509 Blue Bonnet Circle Fort Worth TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food-Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 9/19/16	Payee name Cubsmart	
Amount (\$) \$92.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 9/17/16	Payee name Amon Carter Museum	
Amount (\$) 500.-	Payee address; City; State; Zip Code 3501 Camp Bowie Blvd Fort Worth TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution/ Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 of 14	2 FILER NAME Dennis Singleton	3 Filer ID (Ethics Commission Filers)
4 Date 9/17/16	5 Payee name Ranches Neighborhood Assoc	
6 Amount (\$) \$225.-	7 Payee address; City; State; Zip Code 5951 Kroger Drive Suite 203 Keller Tx 76244	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food-beverage expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 9/19/16	Payee name Kay's Hallmark	
Amount (\$) 42.22	Payee address; City; State; Zip Code 4828 Camp Bowie Blvd. Fort Worth 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 9/21/16	Payee name United States Postal Service	
Amount (\$) \$47.00	Payee address; City; State; Zip Code 3930 Telephone Road Lake Worth Tx 76135	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Postal-stamps	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8 of 14	2 FILER NAME Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
4 Date 9/28/16	5 Payee name Saint Andrews School	
6 Amount (\$) 500.-	7 Payee address; City; State; Zip Code 5312 Trail Lake Drive Fort Worth TX 76133	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) donation / contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/23/16	Payee name Original Mexican Restaurant		
Amount (\$) \$26.38	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 - expense beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/17/16	Payee name BSA - Pack 450		
Amount (\$) 30.-	Payee address; City; State; Zip Code PO BOX 54190 Hurst TX 76054		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution / Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 9 of 14		2 FILER NAME Dennis Shingleton		3 Filer ID (Ethics Commission Filers)	
4 Date 10/2/16		5 Payee name Camp Bowie District			
6 Amount (\$) \$400. -		7 Payee address; City; State; Zip Code 4731 Camp Bowie Blvd. Fort Worth TX 76107			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/ Donations		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/3/16		Payee name Staples Inc.			
Amount (\$) \$26.43		Payee address; City; State; Zip Code 6313 Lake Worth Blvd. Lake Worth TX 76135			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/5/16		Payee name Texas Wesleyan University Boys Basketball			
Amount (\$) \$250. -		Payee address; City; State; Zip Code Office of University Advancement 1201 Wesleyan St. Fort Worth TX 76105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contribution/ donation		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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: <i>10 of 14</i>		2 FILER NAME <i>Dennis Shingleton</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/6/16</i>		5 Payee name <i>United States Postal System</i>			
6 Amount (\$) <i>228.-</i>		7 Payee address; City; State; Zip Code <i>3930 Telephone Rd. Lake Worth TX 76135</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Postal rental - annual fee</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10/17/16</i>		Payee name <i>Safe haven of Tarrant County</i>			
Amount (\$) <i>\$250.-</i>		Payee address; City; State; Zip Code <i>1100 Hemphill St. Suite 303 Fort Worth TX 76104</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Donation / Contribution</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10/27/16</i>		Payee name <i>Mancuso's Italian Restaurant</i>			
Amount (\$) <i>\$25.52</i>		Payee address; City; State; Zip Code <i>4500 White Settlement Rd. White Settlement TX 76108</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food-beverage expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>11 of 14</i>		2 FILER NAME <i>Dennis Singleton</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/28/16</i>		5 Payee name <i>Original Mexican Restaurant</i>			
6 Amount (\$) <i>\$47.19</i>		7 Payee address; City; State; Zip Code <i>4317 Camp Bowie Blvd. Fort Worth TX 76107</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Food-beverage expense</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date <i>11/01/16</i>		Payee name <i>Kincaids Grocery</i>			
Amount (\$) <i>22.04</i>		Payee address; City; State; Zip Code <i>4901 Camp Bowie Blvd. Fort Worth TX 76107</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Food-beverage expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date <i>11/3/16</i>		Payee name <i>USPS</i>			
Amount (\$) <i>\$47.00</i>		Payee address; City; State; Zip Code <i>3930 Telephone Rd. Lake Worth TX 76135</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Office expense postage</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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: 12 of 14		2 FILER NAME Dennis Singleton		3 Filer ID (Ethics Commission Filers)	
4 Date 11/7/16		5 Payee name Cubsmart			
6 Amount (\$) \$7102.00		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/15/16		Payee name United Community Center			
Amount (\$) \$200.-		Payee address; City; State; Zip Code 1200 E. Maddox Ave Fort Worth Tx 76106			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) donation/ contribution		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/14/16		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		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13 of 14	2 FILER NAME Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
4 Date 12/12/16	5 Payee name RCI DINING SVCS.	
6 Amount (\$) 22.02	7 Payee address; City; State; Zip Code 15000 AIRPORT FWY FORT WORTH TX 76155	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food-beverage expense - travel	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 12/23/16	Payee name Railhead Smokehouse	
Amount (\$) 54.09	Payee address; City; State; Zip Code 2900 Montgomery Street Fort Worth TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food-beverage expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 12/27/16	Payee name Staples Inc	
Amount (\$) 47.99	Payee address; City; State; Zip Code 6313 Lake Worth Blvd Fort Worth TX 76135	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14 of 14		2 FILER NAME: Dennis Shingleton		3 Filer ID (Ethics Commission Filers)	
4 Date: 12/29/16		5 Payee name: US Postal Service			
6 Amount (\$): \$59.90		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		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought		Office held	
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