

**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: <div style="font-size: 1.5em; font-weight: bold;">48</div>
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR NICKNAME</div> <div>FIRST DENNIS LAST</div> <div>MI P. SUFFIX</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">SHINGLETON</div>		<div style="border: 2px solid red; border-radius: 50%; padding: 10px; text-align: center; color: red;"> <div style="font-size: 0.8em;">Date Received</div> <div style="font-size: 1.5em; font-weight: bold;">APR - 4 2017</div> <div style="font-size: 0.8em;">CITY OF FORT WORTH CITY SECRETARY</div> </div> <div style="font-size: 0.8em; margin-top: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="font-size: 0.8em; margin-top: 5px;">Date Processed</div> <div style="font-size: 0.8em; margin-top: 5px;">Date Imaged</div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="font-size: 1.2em; margin-top: 10px;">P.O. Box 470336 FORT WORTH TX 76147</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="font-size: 1.2em; margin-top: 10px;">(817) 236-7969</div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR NICKNAME</div> <div>FIRST DEE LAST</div> <div>MI SUFFIX</div> </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">KELLY, JR.</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="font-size: 1.2em; margin-top: 10px;">201 MAIN ST. SUITE 2500 FORT WORTH TX 76102</div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="font-size: 1.2em; margin-top: 10px;">(817) 332-2500</div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year <div style="font-size: 1.2em;">01 / 01 / 2017</div> </div> <div>THROUGH</div> <div> Month Day Year <div style="font-size: 1.2em;">03 / 31 / 2017</div> </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year <div style="font-size: 1.2em;">05 / 06 / 2017</div> </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 1.2em;">CITY COUNCIL FORT WORTH DIST. 7</div>	13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">CITY COUNCIL FORT WORTH DIST. 7</div>	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

DENNIS 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

\$ — 0 —

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

\$ 48,025.-

EXPENDITURE
TOTALS

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

\$ — 0 —

4. TOTAL POLITICAL EXPENDITURES

\$ 35,832.09

CONTRIBUTION
BALANCE

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

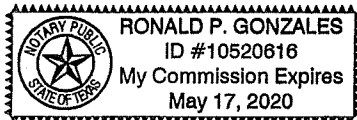
\$ 102,879.79

OUTSTANDING
LOAN TOTALS

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

\$ — 0 —

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. Singleton
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dennis P. Singleton, this the 5th
day of April, 2017, to certify which, witness my hand and seal of office.

Ronald P. Gonzales
Signature of officer administering oath

Ronald P. Gonzales
Printed name of officer administering oath

Notary
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 type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 48,025.-
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ -0-
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 35,832.09
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 35
2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GARY & JUDY HAVENER 6 Contributor address; City; State; Zip Code P.O. BOX 121 FORT WORTH, TX 76121	7 Amount of contribution (\$) \$ 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES R. DUNAWAY Contributor address; City; State; Zip Code 500 ALTA FORT WORTH, TX 76107	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KENNETH L. BARR Contributor address; City; State; Zip Code 3101 AVONDALE AVENUE FORT WORTH, TX 76109	Amount of contribution (\$) \$ 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: REED PIGMAN, JR. Contributor address; City; State; Zip Code 200 TEXAS WAY FORT WORTH, TX 76106	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 35
2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GARY & ANNE TERRY 6 Contributor address; City; State; Zip Code 117 SHADY LAKE CT. HURST, TX 76059	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JEFF HOOPER Contributor address; City; State; Zip Code 2552 COCKRELL AVE. FORT WORTH, TX 76109	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TIM & CELINE WARD Contributor address; City; State; Zip Code 3601 MONTICELLO DRIVE FORT WORTH, TX 76107	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RICHARD & EVELYN FISH Contributor address; City; State; Zip Code 8909 CROSSWIND DRIVE FORT WORTH, TX 76179	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 35
2 FILER NAME DENNIS SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DR. & MRS. WILLIAM SCROGGIE 6 Contributor address; City; State; Zip Code 4732 WASHBURN AVENUE FORT WORTH, TX 76107	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: VERNELL STURNS Contributor address; City; State; Zip Code 612 HIGHLANDS TRAIL FORT WORTH, TX 76112	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DONALD DYKSTRA Contributor address; City; State; Zip Code 1050 E. HIGHWAY 114, SUITE 210 SOUTH LAKE, TX 76092	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MR. & DR. CHRIS GARCIA Contributor address; City; State; Zip Code 2709 MANORWOOD TRAIL FORT WORTH, TX 76109	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 35
2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHRIS GAURAS 6 Contributor address; City; State; Zip Code 1301 THROCKMORTON #2105 FORT WORTH, TX 76102	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TED KITCHENS Contributor address; City; State; Zip Code 1585 KELLY ROAD ALEDO, TX 76008	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MANUS G. FARREN Contributor address; City; State; Zip Code 8649 CANYON CREST RD. FORT WORTH, TX 76179	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAN E. FERSING Contributor address; City; State; Zip Code 3800 TRAILWOOD LANE FORT WORTH, TX 76109	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5935
2 FILER NAME DENNIS SHINGETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MELISSA MITCHELL/MICHAEL BENNETT 6 Contributor address; City; State; Zip Code 2429 ROGERS AVENUE FORT WORTH, TX 76109	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: THOMAS L. KRAMPITZ Contributor address; City; State; Zip Code 749 N. MAIN STREET FORT WORTH, TX 76164	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN H. MADDUX Contributor address; City; State; Zip Code 2120 RIDGEMAR BLVD #14 FORT WORTH, TX 76116	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LEE & DANA FREESE Contributor address; City; State; Zip Code 112 RIVERCREST DRIVE FORT WORTH, TX 76109	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6735
2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT W. BROWN MD 6 Contributor address; City; State; Zip Code 4100 CLARKE AVE FORT WORTH, TX 76107	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARLENE & SIM BECKMAN Contributor address; City; State; Zip Code 3116 W. 6th STREET, STE 200 FORT WORTH, TX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT & MARSHA WEST Contributor address; City; State; Zip Code 8848 HERON DRIVE FORT WORTH, TX 76108	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANN & BILL GREENHILL Contributor address; City; State; Zip Code 1608 ASHLAND AVE FORT WORTH, TX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 35
2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES N. AUSTIN 6 Contributor address; City; State; Zip Code 2401 SCOTT AVE. FORT WORTH, TX 76103	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN & DEBRA AUGHINBAUGH Contributor address; City; State; Zip Code 4710 DEXTER FORT WORTH, TX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MAUREEN & MICHAEL SAUSE Contributor address; City; State; Zip Code 2878 EDWARD AVE BATON ROUGE, LA 70808	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LEE NICOL Contributor address; City; State; Zip Code 3882 S. HILLS CIRCLE FORT WORTH, TX 76109	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8235
2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RAYMOND & ELLEN KELLY 6 Contributor address; City; State; Zip Code 301 VIRGINIA PLACE FORT WORTH, TX 76107	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SACK LABOVITZ Contributor address; City; State; Zip Code 2810 BERRY ST. FORT WORTH, TX 76109	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARGARET ANN McFADYEN Contributor address; City; State; Zip Code 4821 BRUCE AVE. FORT WORTH, TX 76107	Amount of contribution (\$) \$ 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MIKE & CINDI HOLT Contributor address; City; State; Zip Code 409 N. BAILEY AVE. FORT WORTH, TX 76107	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9735
2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JEFF & RINDA WENTWORTH 6 Contributor address; City; State; Zip Code 5020 BEYCE AVE. FORT WORTH, TX 76107	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRANCIS E. MCCARTHY Contributor address; City; State; Zip Code 1208 W. MAGNOLIA #212 FORT WORTH, TX 76104	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JACK R. STEVENS Contributor address; City; State; Zip Code 116 N. BROADWAY RD. AZLE, TX 76020	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: THOMAS & JACQUELINE GALBREATH Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10 935
2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LINEBARGER, GOGAN BLAIR & SAPPEN, LLP 6 Contributor address; City; State; Zip Code 100 THROCKMORTON #300 FORT WORTH, TX 76102	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ELSA & JOE PANIAGUA Contributor address; City; State; Zip Code 8125 MOUNT SHASTA CIRCLE FORT WORTH, TX 76137	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WILLIAM & PATRICIA MEADOWS Contributor address; City; State; Zip Code 121 RIVERCREST DRIVE FORT WORTH, TX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BOBBIE KATES Contributor address; City; State; Zip Code 5713 AMMONS FORT WORTH, TX 76117	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11 of 35
2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/21/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ADELAIDE LEAVENS 6 Contributor address; City; State; Zip Code 3839 S. HILLS CIRCLE FORT WORTH, TX 76109	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: R. OR D. CHICOTSKY Contributor address; City; State; Zip Code P.O. BOX 471613 FORT WORTH, TX 76147-1406	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HAYDEN H. CUTLER, JR. Contributor address; City; State; Zip Code 3825 CAMP BOWIE FORT WORTH, TX 76107	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT H. MCLEAN Contributor address; City; State; Zip Code 226 BAILEY AVENUE, STE 106 FORT WORTH, TX 76107	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12 of 35
2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/21/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL & JENNIFER PATTERSON 6 Contributor address; City; State; Zip Code 6724 MEDINA FORT WORTH, TX 76132	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KATHLEEN & JON KELLY Contributor address; City; State; Zip Code 1617 WESTERN AVENUE FORT WORTH, TX 76107	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MAX O. HOLDERBY Contributor address; City; State; Zip Code 2101 WEST 7th STREET #307 FORT WORTH, TX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PHILIP & MARNELL POOLE Contributor address; City; State; Zip Code 3637 WATONGA FORT WORTH, TX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:

13735

2 FILER NAME

DENNIS SHINGLETON

3 Filer ID (Ethics Commission Filers)

4 Date

3/21/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

JERRY CONATSER

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address; City; State; Zip Code

6716 SAINT ANDREWS ROAD
FORT WORTH, TX 76132

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/21/17

Full name of contributor

☐ out-of-state PAC (ID#:

RONALD PARRISH

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

1419 THOMAS PLACE
FORT WORTH, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/17

Full name of contributor

☐ out-of-state PAC (ID#:

WAYNE & ASHLEY OWEN

Amount of contribution (\$)

\$125.00

Contributor address; City; State; Zip Code

8712 OVERLAND DRIVE
FORT WORTH, TX 76179

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/17

Full name of contributor

☐ out-of-state PAC (ID#:

J.D. JOHNSON CAMPAIGN

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

PO BOX 136021
FORT WORTH, 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: 148 35
2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GIB LEWIS 6 Contributor address; City; State; Zip Code 2300 RACE STREET FORT WORTH TX 76111	7 Amount of contribution (\$) \$ 250
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANNE & DANNY ABSHIRE Contributor address; City; State; Zip Code 3316 W 6th STREET FORT WORTH TX 76107	Amount of contribution (\$) \$ 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: G. MALCOLM LOWDEN Contributor address; City; State; Zip Code 500 WEST 7th STREET STE 1007 FORT WORTH TX 76102	Amount of contribution (\$) \$ 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: W.R. WATT, JR Contributor address; City; State; Zip Code 5321 BEN BRIDGE FORT WORTH TX 76107	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 157.35
2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MEGAN & VICTOR BOSCHINI, JR 6 Contributor address; City; State; Zip Code 3100 AVONDALE AVENUE FORT WORTH, TX 76109	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: R. DENNY ALEXANDER Contributor address; City; State; Zip Code 4200 HULEN STREET, STE 617 FORT WORTH, TX 76109	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRIAN NEWBY Contributor address; City; State; Zip Code 715 JONES STREET, STE 201 FORT WORTH, TX 76102	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: THOMAS J. FAIRCHILD / JANICE A. KNEBL Contributor address; City; State; Zip Code 6705 MEDINAL DRIVE FORT WORTH, TX 76132	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16 of 35
2 FILER NAME DENNIS HINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARGARETH & J. MICHAEL CRADDOCK 6 Contributor address; City; State; Zip Code 4804 DEXTER AVE FORT WORTH, TX 76107	7 Amount of contribution (\$) \$ 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARY PAUKO Contributor address; City; State; Zip Code 2409 WINTON TERRACE WEST FORT WORTH, TX 76109	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DON ALLEN Contributor address; City; State; Zip Code 7302 TIDAL TRACE ARLINGTON, TX 76016	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JUDY G. NEEDHAM Contributor address; City; State; Zip Code 6341 KLAMATH ROAD FORT WORTH, TX 76116	Amount of contribution (\$) \$ 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17935
2 FILER NAME DENNIS SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NICOLA GENUA 6 Contributor address; City; State; Zip Code 508 BAILEY AVE FORT WORTH, TX 76107	7 Amount of contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SUZANNE SMITH WILLIAMS Contributor address; City; State; Zip Code 5104 EL CAMPO AVE FORT WORTH, TX 76107	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES ATTEBERRY Contributor address; City; State; Zip Code 101 RIVERCREST DRIVE FORT WORTH, TX 76107	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MAE FERGUSON Contributor address; City; State; Zip Code 1107 LOCK LOMOND CT ARLINGTON, TX 76012	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18 of 35
2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ELVA LEBLANC 6 Contributor address; City; State; Zip Code 1512 RIVERCREST ST FORT WORTH, TX 76107	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANGELA L. ROBINSON Contributor address; City; State; Zip Code 7805 LAFALETTE AVE FORT WORTH, TX 76107	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRAD HICKMAN Contributor address; City; State; Zip Code 914 ALTA DRIVE FORT WORTH, TX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JEFFREY M. DAVIS Contributor address; City; State; Zip Code 13408 QUAIL VIEW DRIVE HASLET, TX 76052	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19 of 35
2 FILER NAME DENNIS SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/21/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOSEPH A. WALLER 6 Contributor address; City; State; Zip Code PO Box 150689 FORT WORTH, TX 76108	7 Amount of contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEVE SAUNDERS Contributor address; City; State; Zip Code 911 MARYLAND DRIVE IRVING, TX 75061	Amount of contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARTHA & H.B. BAKER Contributor address; City; State; Zip Code 121 E. EXCHANGE AVE FORT WORTH, TX 76169	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARCELLE LEBLANC Contributor address; City; State; Zip Code 2917 MORTON STREET FORT WORTH, TX 76107	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20735
2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/21/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GREATER FORT WORTH ASSOC. OF REALTORS PAC 6 Contributor address; City; State; Zip Code 2650 PARKVIEW DRIVE FORT WORTH, TX 76102	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL J. LISA WARD Contributor address; City; State; Zip Code 2300 HILLCREST DRIVE FORT WORTH, TX 76107	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAYE SKAGGS Contributor address; City; State; Zip Code 3800 MANTICELLO DRIVE FORT WORTH, TX 76107	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRENDA HELMER Contributor address; City; State; Zip Code 2951 DAK PARK CIRCLE FORT WORTH, TX 76109	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21 of 35
2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/21/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BILL & HOLLY SCHUR 6 Contributor address; City; State; Zip Code 912 N. BAILEY AVE FORT WORTH TX 76107	7 Amount of contribution (\$) \$ 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DONALD JURY Contributor address; City; State; Zip Code 436 HALTOM ROAD FORT WORTH TX 76117	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES R. HARRIS Contributor address; City; State; Zip Code 311 UNIVERSITY DRIVE FORT WORTH TX 76107	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARSHA & TERRANCE WRIGHT Contributor address; City; State; Zip Code 1605 ASHLAND AVE FORT WORTH TX 76107	Amount of contribution (\$) \$ 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1- 22 of 35
2 FILER NAME DENNIS SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/21/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SUSAN URSHEL 6 Contributor address; City; State; Zip Code 1312 MADELINE PLACE FORT WORTH, TX 76107	7 Amount of contribution (\$) \$ 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CAROLINE DULLE Contributor address; City; State; Zip Code 1217 COVER LAKE FORT WORTH, TX 76107	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEVE MURRIN Contributor address; City; State; Zip Code 500 NE 23RD STREET FORT WORTH, TX 76164	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JACQUE & JUDY PRITCHARD Contributor address; City; State; Zip Code 1309 MADELINE PLACE FORT WORTH, TX 76107	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 23 of 35
2 FILER NAME DENNIS SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/21/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: POPE, HAROWICKE, CHRISTIE, SHELL, KELLY & TAPETT, LLP 6 Contributor address; City; State; Zip Code 500 W. 7th STREET, STE 600 FORT WORTH, TX 76102	7 Amount of contribution (\$) \$ 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LARRY & ANN FREEMAN Contributor address; City; State; Zip Code 204 CASA BLANCA AVE FORT WORTH, TX 76107	Amount of contribution (\$) \$ 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOSEPH SCHNEIDER Contributor address; City; State; Zip Code 1401 WOODBOROUGH LANE KEULER, TX 76248	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL BARNARD Contributor address; City; State; Zip Code 7237 WELLS DRIVE FORT WORTH, TX 76135	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 24 of 35
2 FILER NAME DENNIS SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BARCLAY BERDAN 6 Contributor address; City; State; Zip Code 3639 ENCANTO DRIVE FORT WORTH, TX 76109	7 Amount of contribution (\$) \$ 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOAN H. WILLIAMS Contributor address; City; State; Zip Code 4737 LAFALETTE AVE FORT WORTH, TX 76107	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FORT WORTH RETIRED FIREFIGHTERS & WIDOWS Contributor address; City; State; Zip Code 1617 TIERNEY ROAD FORT WORTH, TX 76112	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TEXAS PROGRESS FUND Contributor address; City; State; Zip Code 801 CHERRY STREET, UNIT 9 FORT WORTH, TX 76109	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25 of 35
2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GOOD GOVERNMENT FUND 6 Contributor address; City; State; Zip Code 201 MAIN STREET, STE 3500 FORT WORTH, TX 76102	7 Amount of contribution (\$) \$ 1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GALE A. CUPP Contributor address; City; State; Zip Code 9029 HERON DRIVE FORT WORTH, TX 76108	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PAUL ANDREWS, JR. Contributor address; City; State; Zip Code 700 JENKINS RD. FORT WORTH, TX 76008	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JEAN & JOHN V. ROACH II Contributor address; City; State; Zip Code 2805 ALTON RD FORT WORTH, TX 76109	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26 of 35
2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BELL HELICOPTER PAC 6 Contributor address; City; State; Zip Code P.O. Box 982 FORT WORTH, TX 76101	7 Amount of contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRADFORD S. BARNES Contributor address; City; State; Zip Code 4450 HARLEY AVE. FORT WORTH, TX 76107	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WEST MILLER Contributor address; City; State; Zip Code 6235 DOUGLAS AVE DALLAS, TX 75205	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT D. BENOA Contributor address; City; State; Zip Code 608 PAINT PONY TRAIL N FORT WORTH, TX 76108	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27 of 35
2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARK M. CAULEY 6 Contributor address; City; State; Zip Code 8464 HERON DR FORT WORTH, TX 76108	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WESLEY TURNER Contributor address; City; State; Zip Code 2717 COLONIAL PKWY FORT WORTH, TX 76109	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DICK ELKINS Contributor address; City; State; Zip Code 128 S. SAGINAW BLVD SAGINAW, TX 76175	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEVEN L. SIMMONS Contributor address; City; State; Zip Code PO BOX 60097 FORT WORTH, TX 76115	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28 of 35
2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SUSAN & TIM MATHEUS 6 Contributor address; City; State; Zip Code PO BOX 136215 FORT WORTH, TX 76136	7 Amount of contribution (\$) \$ 75.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOE D. JOHNSON Contributor address; City; State; Zip Code P.O. BOX 136067 FORT WORTH, TX 76136	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DALE BOAZ Contributor address; City; State; Zip Code 8877 BOAT CLUB ROAD FORT WORTH, TX 76174	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WILLIAM T. PAXTON Contributor address; City; State; Zip Code 33 CREEKVIEW TERRACE ALEXANDRIA, TX 76008	Amount of contribution (\$) \$ 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 29 of 35
2 FILER NAME DENNIS SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: POLITICAL ACTION COMMITTEE OF PACIFIC 6 Contributor address; City; State; Zip Code 7557 RAMBLER RD, STE 1400 DALLAS, TX 75231	7 Amount of contribution (\$) KORH \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRINTON P. PAYNE Contributor address; City; State; Zip Code 6321 JUNEAU ROAD FORT WORTH, TX 76111	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHAN PETERSON Contributor address; City; State; Zip Code 18618 BRIDLE GROVE COURT TOMBALL, TX 77377	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICKY NOWELL Contributor address; City; State; Zip Code 7316 MADEIRA DRIVE FORT WORTH, TX 76112	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 30 of 35
2 FILER NAME DENNIS SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRAD GORRONDONA 6 Contributor address; City; State; Zip Code 108 ENCHANTED CT N. BURLESON, TX 76028	7 Amount of contribution (\$) \$ 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ERIC GREENMAN Contributor address; City; State; Zip Code 304 ESSEX DRIVE MANSFIELD, TX 76063	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CARL KROGNESS Contributor address; City; State; Zip Code 3721 ARROYO RD. FORT WORTH, TX 76109	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CONSERVATIVE VOTERS FORUM Contributor address; City; State; Zip Code 1144 TERRACE TRAIL HURST, TX 76053	Amount of contribution (\$) \$ 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 31 of 35
2 FILER NAME DENNIS SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARTHA V. LEONARD 6 Contributor address; City; State; Zip Code 1411 SHADY OAKS LANE FORT WORTH, TX 76107	7 Amount of contribution (\$) \$ 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN AVILA, JR. Contributor address; City; State; Zip Code 2600 W. 7th STREET #1831 FORT WORTH, TX 76107	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KATHY KELLY Contributor address; City; State; Zip Code 608 WESTWOOD AVE FORT WORTH, TX 76107	Amount of contribution (\$) \$ 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANN L. HARWOOD Contributor address; City; State; Zip Code 3904 MONTICELLO DRIVE FORT WORTH, TX 76107	Amount of contribution (\$) \$ 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 32 of 35
2 FILER NAME DENNIS SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRIAN HAPPEL 6 Contributor address; City; State; Zip Code 2406 LAS PALMAS LANE ARLINGTON, TX 76012	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/31/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RICHARD & CAROL MINKER Contributor address; City; State; Zip Code 2865 MANORWOOD TRAIL FORT WORTH, TX 76109	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ALFRED SAENZ Contributor address; City; State; Zip Code 407 THROCKMORTON PIKE FORT WORTH, TX 76102	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ELIZABETH & RANDALL GIDEON Contributor address; City; State; Zip Code 2600 W. 7th STREET #2548 FORT WORTH, TX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 330 35
2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FREESE & NICHOLS PAC 6 Contributor address; City; State; Zip Code 7055 INTERNATIONAL PLAZA #200 FORT WORTH, TX 76109	7 Amount of contribution (\$) \$ 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/31/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TOM PURVIS Contributor address; City; State; Zip Code 5301 BYERS AVE FORT WORTH, TX 76107	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARILYN & MICHAEL BERRY Contributor address; City; State; Zip Code 6717 GENDA ROAD FORT WORTH, TX 76116	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BECKIE & PETE GEREN Contributor address; City; State; Zip Code 1200 WASHINGTON TERRACE FORT WORTH, TX 76107	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 347 35
2 FILER NAME DENNIS SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TERRI MONTESE 6 Contributor address; City; State; Zip Code 1701 RIVER RUN, STE 500 FORT WORTH, TX 76107	7 Amount of contribution (\$) \$ 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/31/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HALFF ASSOCIATES PAC Contributor address; City; State; Zip Code 1201 N. BOWSER ROAD RICHARDSON, TX 75081	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOANNA CRAIN Contributor address; City; State; Zip Code 4450 OAK PARK LANE #100427 FORT WORTH, TX 76109	Amount of contribution (\$) \$ 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHERAMIA PENA GWINONES Contributor address; City; State; Zip Code	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 35 2 35
2 FILER NAME DENNIS SINGLETON		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANTHONY H. DEVITO 6 Contributor address; City; State; Zip Code 5548 SMOKEHORN DRIVE FORT WORTH, TX 76144	7 Amount of contribution (\$) \$ 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/10/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LARRY KALAS Contributor address; City; State; Zip Code P.O. Box 17721 FORT WORTH, TX 76102	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)	
4 Date 11/11/17		5 Payee name THE ORIGINAL MEXICAN RESTAURANT			
6 Amount (\$) 31.71		7 Payee address; City; State; Zip Code 4713 CAMP BOWIE BLVD. FORT WORTH, TX 76107			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE		(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					
Date 11/17/17		Payee name STAPLES			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 11660 S. UNIVERSITY DRIVE 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					
Date 11/18/17		Payee name CURBESMART			
Amount (\$) \$64.95		Payee address; City; State; Zip Code 3569 BOAT CLUB ROAD LAKE WORTH, TX 76235			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD / RENTAL		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:		2 FILER NAME DENNIS SAINGLETON		3 Filer ID (Ethics Commission Filers)	
4 Date 11/8/17		5 Payee name CUBESMART			
6 Amount (\$) \$51.00		7 Payee address; City; State; Zip Code 3969 BOAT CLUB ROAD LAKE WORTH, TX 76135			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD / RENTAL		(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	
Date 11/8/17		Payee name FORT WORTH SISTER CITIES INTERNATIONAL			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 908 MONROE STREET FORT WORTH, TX 76102			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) 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	
Date 11/23/17		Payee name MICHAEL'S RESTAURANT			
Amount (\$) \$31.98		Payee address; City; State; Zip Code 3413 W. 7th STREET FORT WORTH, TX 76107			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD / 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	

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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:		2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)	
4 Date 1/27/17		5 Payee name BEACON CAFE			
6 Amount (\$) \$33.82		7 Payee address; City; State; Zip Code 171 AVIATOR DRIVE FORT WORTH, TX 76179			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE		(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	
Date 2/6/17		Payee name HOME DEPOT			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 3956 JIM WRIGHT FRY LAKE WORTH, TX 76135			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING (SIGN POLS/TIES)		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	
Date 2/6/17		Payee name THE EPPSTEIN GROUP			
Amount (\$) \$7,500		Payee address; City; State; Zip Code 4055 INTERNATIONAL PLAZA, STE 600 FORT WORTH, TX 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONSULTING 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)	
4 Date 2/7/17		5 Payee name JOANNA CRAIN			
6 Amount (\$) \$4,000.00		7 Payee address; City; State; Zip Code 4055 ONE PARK LANE #100A27 FORT WORTH, TX 76109			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR		(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	
Date 2/8/17		Payee name FIRESTONE & ROBERTSON			
Amount (\$) \$108.25		Payee address; City; State; Zip Code 901 VICKERY BLVD. FORT WORTH, TX 76104			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) GIFT (SUPPORT FUSSE)		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	
Date 2/13/17		Payee name CUBESMART			
Amount (\$) \$102.00		Payee address; City; State; Zip Code 3969 BOWT CLUB ROAD LAKE WORTH, TX 76235			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD RENTAL		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	

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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:		2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)	
4 Date 2/17/17		5 Payee name DRC			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code P.O. Box 0871 FORT WORTH TX 76101			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 2/24/17		Payee name THE ORIGINAL MEXICAN RESTAURANT			
Amount (\$) \$24.24		Payee address; City; State; Zip Code 4713 CAMP BOWIE BLVD. FORT WORTH TX 76107			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD/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	
Date 3/1/17		Payee name USPS			
Amount (\$) \$49.00		Payee address; City; State; Zip Code 3101 W. 6th STREET FORT WORTH TX 76107			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EVENT EXPENSE - POSTAGE		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:		2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)	
4 Date 3/10/17		5 Payee name JOANNA CRAIN			
6 Amount (\$) \$4,000.00		7 Payee address; City; State; Zip Code 1450 OAK PARK LANE #100427 FORT WORTH, TX 76109			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR		(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 3/13/17		Payee name GINGER BROWN'S OLD TIME RESTAURANT			
Amount (\$) \$50.04		Payee address; City; State; Zip Code 6312 LAKE WORTH BLVD. LAKE WORTH, TX 76135			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD/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	
Date 3/14/17		Payee name LONGHORN COUNCIL OF BOY SCOUTS OF AMERICA			
Amount (\$) \$300.00		Payee address; City; State; Zip Code 250 CANNON DRIVE HURST, TX 76054			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) 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:		2 FILER NAME DENNIS SINGLETON		3 Filer ID (Ethics Commission Filers)	
4 Date 3/15/17		5 Payee name HOME DEPOT			
6 Amount (\$) \$237.22		7 Payee address; City; State; Zip Code 3850 JIM WRIGHT FRY LAKE WORTH, TX 76135			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTISING - (SIGN POSTS & TIES)		(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	
Date 3/22/17		Payee name AIR POWER COUNCIL			
Amount (\$) \$125.00		Payee address; City; State; Zip Code 1601 E. LAMAR BLVD. #209 ARLINGTON, TX 76011			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) 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	
Date 3/23/17		Payee name THE ORIGINAL MEXICAN RESTAURANT			
Amount (\$) \$1,916.10		Payee address; City; State; Zip Code 4713 CAMP BOWIE BLVD. FORT WORTH, TX 76107			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD/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	

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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:		2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)	
4 Date 3/27/17		5 Payee name TIMBERLAND HIGH SCHOOL CLASS OF 2017			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 12350 TIMBERLAND BLVD. FORT WORTH, TX 76244			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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	
Date 3/29/17		Payee name ON THE BORDER			
Amount (\$) \$693.19		Payee address; City; State; Zip Code 6536 NORTHWEST LOOP 820 FORT WORTH, TX 76135			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD/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	
Date 3/29/17		Payee name ON THE BORDER			
Amount (\$) \$40.43		Payee address; City; State; Zip Code 6536 NORTHWEST LOOP 820 FORT WORTH, TX 76135			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD/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	

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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:		2 FILER NAME DENNIS SINGLETON		3 Filer ID (Ethics Commission Filers)	
4 Date 3/30/17		5 Payee name THE EPPSTEIN GROUP			
6 Amount (\$) \$2,311.53		7 Payee address; City; State; Zip Code 4450 INTERNATIONAL PLAZA FORT WORTH, TX 76109			
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	
Date 3/30/17		Payee name THE EPPSTEIN GROUP			
Amount (\$) \$2,645.63		Payee address; City; State; Zip Code 4450 INTERNATIONAL PLAZA FORT WORTH, TX 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONSULTING 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/30/17		Payee name THE EPPSTEIN GROUP			
Amount (\$) \$10,000.00		Payee address; City; State; Zip Code 4450 INTERNATIONAL PLAZA FORT WORTH, TX 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONSULTING 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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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
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Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)	
4 Date 3/31/17		5 Payee name PEARL SNAP KOLACHES			
6 Amount (\$) \$216.00		7 Payee address; City; State; Zip Code 7006 WHITE SETTLEMENT ROAD FORT WORTH TX 76107			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE		(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 3/28/17		Payee name TED BAKER			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 1700 ROGERS ROAD #234 FORT WORTH, TX 76107			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CONTRACT LABOR		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		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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