

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)		2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST MR, DENNIS NICKNAME LAST	MI Psuffix	OFFICE USE ONLY Date Received 1 12
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE 336 IL 7647 EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SU JOI MAN ST. FORT WIPPTH AREA CODE PHONE NUMBER (81) 337 - 350	SUITE 2500 TL 7602	ZIP CODE
9 REPORT TYPE 10 PERIOD COVERED	January 15 July 15 Bith day before elect Month Day Year OI / DOI		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) Day Year
11 ELECTION	ELECTION DATE Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (IF ANY) CITA COUNCIL FORT WORTH DIST, "	13 OFFICE SOUGHT (IF KNOWN) CITY COULD TO FORT WORTE	scil a DIST. 7
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ENNIS	SHINGLETON 1	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANI	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 48,025
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ _0_
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 35,832.09
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D	\$ 102,879.79
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	\$ <u>0</u>
Is wear, 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. ID #10520616 My Commission Expires May 17, 2020 Signature of Candidate or Officeholder			
AFFIX NOTARY STAMP/SEALABOVE Sworn to and subscribed before me, by the said Denús P. Sungleta, this the 5th			
day of April, 2017, to certify which, witness my hand and seal of office. May P. (may L. (mad). (mad). (mad). (mad).			
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	DENNIS SHINGLETON 20 Filer ID (Ethics C	Commission Filers)
21		ULE SUBTOTALS OF SCHEDULE	SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 48,025,-
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0 -
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0 -
4.		SCHEDULE E: LOANS	\$ -0-
5.	V	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 35,832.0
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$-0-
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$-0-
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$-0-
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$-0-
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0 -
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$-0-
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-
			Í

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	WAS SHINGLETON	3 Filer ID (Filercs Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3/19/17	GARY & DUDY HAVENER 6 Contributor address; City; State; Zip Code P.O. BOX 121 FORT WORTH, TX 76121	\$ 250.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/19/17	JAMES R. DUNAWAM Contributor address; City; State; Zip Code SOD AUTA FORT WORTH, TX 76107	\$250.00
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
अषाग	KENNETH L. BARR Contributor address; City; State; Zip Code 3101 AVONDALE AVENUE FORT WORTH, TX 76109	\$150.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
319117	Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code	\$ 500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional r	EDED eporting requirements.

MONE.	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME		3 Filer ID (Exics Commission Filers)		
DE	NOIS SHINGLETON			
4 Date	5 Full name of contributor	7 Amount of contribution (\$)		
3/19/17	GARY TANNE TERRY 6 Contributor address; City; State; Zip Code 117 SHADY LAKE CT. HURST, TX 76059	\$100.00		
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instruc	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
319117	Contributor address; City; State; Zip Code 2552 COCKPEU AVE. FORT WORTH, TX (6109)	\$100.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)		
Date	Full name of contributor	Amount of contribution (\$)		
3119117	TIM & TELIME WARD Contributor address; City; State; Zip Code 3401 MONTICELLO DRIVE FORT WORTH, TX 76107	\$100.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)		
Date	Full name of contributor	Amount of contribution (\$)		
3/19/7	Contributor address; City; State; Zip Code 8909 CROSSWIND DRIVE FORT WORTH, TX 76179	\$ SO.00		
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.				

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	ENNIS SHINGLETON	3 Filer ID (Binics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3119117	DR. 4 MRS. WILLIAM SCROGGIE 6 Contributor address; City; State; Zip Code 4732 WASHBURN FRENCE FORT WORTH IX 76157	\$100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
3/19/17	VERNEU STURNS Contributor address; City; State; Zip Code GIZ HIGHWOODS TRAL FORT WOUTH, TX 76112	\$100.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ons)
Date	Full name of contributor	Amount of contribution (\$)
3/19/19	Contributor address; City; State; Zip Code 1050 E. HIGHWAY 114, SUITE 210 SOUTH LAKE, TX 76092	₹100.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructi	ons)
Date	Full name of contributor	Amount of contribution (\$)
319117	MR. 9 DR. CHRIS GARCIA Contributor address; City; State; Zip Code 2709 MANDRWOOD TRAIL FORTWORTH TY 76109	\$100.00
Principal occupa	ation / Job title (See Instructions) Employer (See Instructions)	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	DENNIS SHINGLETON	3 Filer ID (Et cs Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3119117	CHRIS GAURAS 6 Contributor address; City; State; Zip Code 1301 THROCKMORTON # 2105 FORT WORTH, TR. 76102	\$ 250.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3)19/17	TED KITCHENS Contributor address; City; State; Zip Code IS85 KELLY ROAD ALEDO, TX 7LOOB	\$ 200.00
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
3119/17	MANUS G. FARREN Contributor address; City; State; Zip Code 8649 CANHON CREST RP. FORT WORTH, TX 74179	\$100.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
31917	Contributor address; City; State; Zip Code 3800 TRALLED LANG FORT WORTH, TX 76105	\$100.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEI	EDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	DENIUS SHINGETON	3 Filer ID (Farics Commission Filers)	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)	
3119117	MELISSA MITCHELL MICHAEL BENNET 6 Contributor address; City; State; Zip Code 2429 ROGERS AIKNUE FORT LORTH, TR 76109	\$ 250.00	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions) i	
Date	Full name of contributor	Amount of contribution (\$)	
3119117	THOMAS L. KRAMPITZ Contributor address; City; State; Zip Code 149 N. MAIN STREET FORT WORTH, TX 76164	\$ 250.00	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)	
Date	Full name of contributor	Amount of contribution (\$)	
3 14 17	JOHN H. MADDUK Contributor address; City; State; Zip Code 2120 RIDGEMAR BUD HH FORT WORTH, TX 76116	\$ 250,00	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)	
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	
3/19/17	Contributor address; City; State; Zip Code 112 RIVERCIZEST DRIVE TERT WERTH, TX 76109	\$ 100.00	
Principal occup	ation / Job title (See Instructions) Employer (See Instructi	ons)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEI	FDFD	
	If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONE.	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	DENNIS SHINGLETON	3 Filer ID (Emics Commission Filers)	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)	
31917	ROBERT W. BROWN MD 6 Contributor address; City; State; Zip Code 4100 CLARKE AVE FORT WORTH, TR 76107	\$ 100.00	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
31917	MARCENE & JIM BECKMAN Contributor address; City; State; Zip Code 311L W. 64 STREET, STE 200 FORT WORTH, TX 76107	\$350.00	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)	
Date	Full name of contributor	Amount of contribution (\$)	
3119/17	ROBERT & MARSHA WEST Contributor address; City: State; Zip Code 8848 HERON DRIVE FUET WORTH, TX 76108	\$250.00	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)	
Date	Full name of contributor	Amount of contribution (\$)	
3119117	ANN & BILL GREENHILL Contributor address; City; State; Zip Code 1608 ASHLAND AVE; FORT WERTH TX TUIDT	4 350.00	
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.			

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	DENNIS SHINGLETON	3 Filer ID (Ethios Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3)19/17	DAMES N. AUSTIN 6 Contributor address; City; State; Zip Code 2401 SCOTT AVE. FORT WETH TX 76103	\$50.00°
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instruc	titions)
Date	Full name of contributor	Amount of contribution (\$)
3119/17	Contributor address; City; State; Zip Code 4710 DEXTER FORT WORTH, TX 74167	\$250.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/19/17	MAUREENA MICHAEL SAUSE Contributor address; City; State; Zip Code 2878 EDWARD DE BATON ROUSE, LA 70808	\$500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#;)	Amount of contribution (\$)
3/19/17	Contributor address: City: State; Zip Code 3883 S. HILLS (IRCLE FORT WORTH, TX 76109	\$ 25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional r	

MONE:	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1	
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	DENNIS SHINGLETON	3 Filer ID (Edics Commission Filers)	
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	
3119/17	RAYMOND & EUEN KEUY 6 Contributor address; City; State; Zip Code 301 VIRGINA PLACE FORT WORTH TK 76107	\$100.00	
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
3/19/17	Contributor address; City; State; Zip Code 2810 BERRY ST. FORT WORK! TX. 76169	\$ 100.00	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)	
Date	Full name of contributor	Amount of contribution (\$)	
3/19/17	MAGARET AM ME FANYEN Contributor address; City; State; Zip Code 4801 BRYCE AVE. FORT WARTH. TX 76157	\$ 25.00	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)	
Date	Full name of contributor	Amount of contribution (\$)	
3119/17	Contributor address; City; State; Zip Code 459 N. BALEY AVE. FURT WORTH, To 76107 Job title (See Instructions) Employer (See Instructions)	\$ 250.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEI If contributor is out-of-state PAC, please see instruction guide for additional references.		

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	DENNIS SHIMLETON	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
319/17	JEFF & RINDA WENTWORTH 6 Contributor address; City; State; Zip Code 5020 BRYCE AVE. FORT WORTH, TX TUIDT	\$250.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/19/17	FEANUS E. MCARTHY Contributor address; City; State; Zip Code 1208 W. MAGNULA 212 FORT WORTH, TX 76104	\$ 250.60
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
31917	JACK R. STEVENS Contributor address; City; State; Zip Code 116 N. BROADWAY RD. AZLE, TX 76020	* 250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
3/19/17	THOMAS & JACQUELINE CAUBREATH Contributor address; City; State; Zip Code	\$100.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONE.	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	DENNIS SHINGLETON	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3/19/17	LINEBARGER, GOLLAN BLAIR & SARPE 6 Contributor address; City, State; Zip Code 100 THROCKMORTON #300 FORT WORTH, TX 76102	12,500.00° \$3,500.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
রাদ্রান	Contributor address; City; State; Zip Code 81 25 May SHASTA CIRCLE FORT WARTH, TX 76137	\$ 250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
3/2/17	WILLIAM ELPATRICIA MEADOLUS Contributor address; City; State; Zip Code 121 PIVERCIPEST DRIVE FORTWORTH, TO 7610	930.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
3 1211n 	Contributor address; City; State; Zip Code 513 Ammons For With Tx 7617	\$100.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ons)
	,	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional r	EDED eporting requirements.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	DENNIS SHINGLETON	3 Filer ID (Ethile Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
312117	ADELAIDE LEWENS 6 Contributor address; City; State; Zip Code 3839 S. HILLS CIRCLE FORT WORTH, TX 16109	\$50.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/2/17	R. OR D. CHICOTSKY Contributor address; 71613 City; State; Zip Code P.O. BOX 471613 TX 76147-1406	5 (DO: OO)
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
3/3/17	HAYDEN H. CUTLER, DR. Contributor address; City; State; Zip Code 3825 Camp Boure FORT WORTH TX 76107	\$2,500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
32117	Contributor address; City; State; Zip Code 306 BAIRG AVENUE, STE 106 FORT WORTH TX 76107	91,000.00
Principal occupa	ation / Job title (See Instructions) Employer (See Instructions)	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONE.	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	DENNIS SHINGETON	3 Filer ID (Ethics commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3121117	MICHAEL 9 SENVIFER PATTERSON 6 Contributor address; City; State; Zip Code 6724 MEDINALA FUET WORTH, TX 76132	\$2,500.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
312117	KATHLEEN & JON KELLY Contributor address; City; State; Zip Code 1617 WESTERN AVENUE FORT WORTH, TX 76107	\$50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
312117	MAY O. HOLDERBY Contributor address; 72 Sity: State; Zip Code 2101 WEST 72 STRZET 1307 FORT WORTH, TY 76107	\$ 250.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
2 KAIS	Contributor address: City; State; Zip Code 3637 WATONGA FORT WORTA, TX 76107	4920,00
Principal occupa	ation / Job title (See Instructions) Employer (See Instructions)	ons)
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE If contributor is out-of-state PAC, please see instruction guide for additional re-	

MONETARY POLITICAL CONTRIBUTI	ONS SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME DELANIS SHINKERTON	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
312117 SERRY CONATSER 6 Contributor address; City; State; Zip Co 6 TILL SAINT ANDREWS RO FORT WORTH, TX 16137	de \$1,000.00
	oyer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
312117 RONALD PARRISH Contributor address; City; State; Zip Contributor Address; PLACE FURT WORTH, TX 76107	de \$ 750.00
	yer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
312117 WAYNE & ASHLEY OWER Contributor address; City; State; Zip Cod 8712 OVEN LAND DRUE FORT WORTH, TK 76179	\$175.00
	yer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3122117 JOHNSON CAMPAIG Contributor address: City: State; Zip Code PO BOX 136021 FORT WORTH TX 76136	» \$ 100.00
	ver (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCH If contributor is out-of-state PAC, please see instruction guide	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethica Commission Filers) 2 FILER NAME DENNIS SHINCILETON 7 Amount of contribution (\$) 4 Date 6 Contributor address; City; State; Zip Code 2300 RACE STREET 1. Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:___ Full name of contributor Amount of contribution (\$) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#: Principal occupation / Job title (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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics commission Filers) 2 FILER NAME DENNIS SHINGLETION 7 Amount of contribution (\$) 4 Date \$100.0 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_ Full name of contributor Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) tope worth Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 2 FILER NAME DENNIS HINGLETON 7 Amount of contribution (\$) 4 Date MARGARETH A J. MICHAEL CRADOXK 6 Contributor address; City; State; Zip Code HOA DELTER AVE FORT WORLTH TY TO INT. 9 Employer (See Instructions) out-of-state PAC (ID#:___ Date Amount of contribution (\$) MARY PALKO Contributor address; City; State; Zip Code 2409 WINTON TERPACE WEST FORT WORTH, TY 76109 \$100.00 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) DON AUSN Contributor address; 7302 TINAL T City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) \$150.00 Employer (See Instructions) Principal occupation / Job title (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.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	DENNIS SHINGLETON	3 Filer ID (Ethics commission Filers)
4 Date	5 Full name of contributor out-of-slate PAC (ID#:)	7 Amount of contribution (\$)
312217	NICOLO GENUA 6 Contributor address; City; State; Zip Code 508 BAILEY AVE 7	\$ 150.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
312217	SUZADNE SMITH WILLIAMS Contributor address; City; State; Zip Code SADA EL CAMPO AVE FORT WORTH, TX 16107	\$100.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	lions)
Date	Full name of contributor	Amount of contribution (\$)
3laaln	DAMES ATTEBERRY Contributor address; City: State; Zip Code 101 RIVERCIREST DRIVE FORT WORTH, TX 76107	\$ 200.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3laaIn	MAE FERGUSDIN Contributor address; City; State; Zip Code 1107 LOCH LOMOND CT PRUNCTION, TX 16612	\$700.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional r	EDED eporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 2 FILER NAME 7 Amount of contribution (\$) 4 Date ELUA LABUANC 6 Contributor address; City; State; Zip Code 1512 PIUE PEREST ST \$100.00 9 Employer (See Instructions) out-of-state PAC (ID#:____ Full name of contributor Date Amount of contribution (\$) 3122 IN Contributor address; City; State; Zip Code 7805 LAFA/ETTE AJE 50.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Employer (See Instructions) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_ Amount of contribution (\$) DEFERSY M. DAVIS Contributor address; City; State; Zip Code 13408 QUAL VIEW DEWC Employer (See Instructions) Principal occupation / Job title (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. 2 FILER NAME DENOIS SHINGLETON 7 Amount of contribution (\$) 5 Full name of contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code FURT WRITE, TV 76108 9 Employer (See Instructions) \$75.00 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_ Full name of contributor Amount of contribution (\$) Date STEVE SAUNDERS Contributor address; City; State; Zip Code GU MARYLAND DRIVE 4 3-2.00 Employer (See Instructions) out-of-state PAC (ID#:_ Full name of contributor Date Amount of contribution (\$) \$500.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) MARCEUE LEBLANC Contributor address; State; Zip Code STIZET 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.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	DENNIS SHINGLETTON	3 Filer ID (Ethics commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
317117	GREATER FORT WORTH ASSIC, OF REALTON 6 Contributor address; City; State; Zip Code 860 PAPKURE DRUGE FORT WORTH, T. 76107	5 PAC \$2,500.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	itions)
Date	Full name of contributor	Amount of contribution (\$)
3/21/17	MICHAELTUSA WARD Contributor address; City; State; Zip Code 300 HILLERST DRUK FRET WORTH, TY 76107	\$100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	iions)
Date	. Full name of contributor	Amount of contribution (\$)
3121n	SAME SKACIOS Contributor address; City; State; Zip Code SELO MONTICELLO OPLIVE FORT WORTH TO THE	\$ 25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)
3)31/17	Contributor address; City; State; Zip Code 2951 DAK PARK CINCLE FORT LONGTH TX 76109	\$ 250.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional in the contributor of the contributor is out-of-state.	EDED requirements.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	DENNIS SHINGLETON	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
312117	BUL 4 HOLLY SCHUR 6 Contributor address; City; State; Zip Code 912 N. BANSY AVR FWT WORTH TY 710107	\$ 100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions) i
Date	Full name of contributor	Amount of contribution (\$)
312117	DONALD JURY Contributor address; City; State; Zip Code 436 HALTON ROW FORT WORTH, TY 7611	\$ 500.00
Principal occup	nation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/2/117	JAMES R. HARRIS. Contributor address; City; State; Zip Code 311 UNINERS TY DRUE FORT WORTH TO TO 100	\$1,000.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	iions)
Date	Full name of contributor	Amount of contribution (\$)
3)21/17	MARSHA & TERRANCE WRIGHT. Contributor address; City; State; Zip Code 1605 ASHLAND AVE FORT WORTH TX 76107	\$50.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDOLE AS NE If contributor is out-of-state PAC, please see instruction guide for additional r	reporting requirements.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	DENNIS SHINGLETON	3 Filer ID (Ethics commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
312117	SUSAN UR SHEC 6 Contributor address; City: State; Zip Code 1312 MADEUNE PLACE FORT WORTH, TO 76107	\$ 25.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions) i
Date	Full name of contributor	Amount of contribution (\$)
3121n	CAROUNE DULLE Contributor address; City; State; Zip Code LATO COURT LAWE FORT WORTH, TV 7457	\$ 100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
31211	STEVE MURRIN Contributor address; City; State; Zip Code SOO NE 33rd STREET FOR WORTH, TY 76164	\$ 100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor Out-of-slate PAC (ID#:)	Amount of contribution (\$)
312117	Contributor address; City; State; Zip Code 1309 MANGLING PLACE FORT WORTH, TX 76107	\$100.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ons)
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEI	EDED eporting requirements.

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	DENNIS SHINGLETON	3 Filer ID (Ethics Ommission Filers)
4 Date 3121117	5 Full name of contributor out-of-state PAC (ID#: POPE, HAPOWICKE, CHRISTIE) SHELL KELLY YITAPETT. LLP 6 Contributor address; City; State; Zip Code SID W THE STREET, STE GLO TORT WENTTH, TK 7(610)	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions) i
Date	Full name of contributor	Amount of contribution (\$)
3)4)17	CONTRIBUTOR ANN FREEMAN CONTRIBUTOR ANN FREEMAN City; State; Zip Code ANA CASA BLANCA ANE FORT WORTH, TX 16107	\$ 50.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
3)911	DOSEPH SCHNELDER Contributor address; City: State: Zip Code 1901 WOODBORGUGH LANE KEUER, TX 76218	\$ 250.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
312117	MICHAEL BARNARD Contributor address; City; State; Zip Code 9737 WEUS DRIVE FOR WORTH, TX 76135	\$ 250.00
Principal occupa	ation / Job title (See Instructions) Employer (See Instructions)	ons)
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEI If contributor is out-of-state PAC, please see instruction guide for additional r	EDED eporting requirements.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1	
The	Instruction Guide explains how to complete this form.	1 Total pages Smedule A1:	
2 FILER NAME	DENNIS STINGLETON	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)	
31 2 Un	BARCUAL BERDAN 6 Contributor address; City; State; Zip Code 3639 ENCANTO PRICE FORT WORTH, TX 76109	\$ 250.00	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	itions)	
Date	Full name of contributor	Amount of contribution (\$)	
3122117	Contributor address; City: State; Zip Code Y737 LAFAUETTE AVE F02T WORTH TX 7610	\$ 250.00	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
3)22/17	FORT WORTH RETIRED FIREFIGHTEDS & WIFDO Contributor address; City; State; Zip Code 1617 TTERNEY READ FORT WORTH, TX 76117	co.cco,1 [*]	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor	Amount of contribution (\$)	
3)22/17	TEXAS PROGRESS FUND Contributor address; City; State; Zip Code BOI CHERRY STREET, UNIT 9 FORT WORTH TX 7666	\$1,000.00	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	ions)	
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional	EDED reporting requirements.	

MONE.	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	DENNIS SHINGLETON	3 Filer ID (Ethica commission Filers)
3) 23 17	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) F SOO . OO
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3129117	CONTRIBUTE A CUPP Contributor address; City; State; Zip Code 9339 HERON PRIVE FORT WDETH TO 76108	\$100.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3129117	PAUL ANNESUS, JR. Contributor address; City; State; Zip Code 700 JENIUNS RD- FORT WORTH TO TLOUB	\$ 250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
3106117	Full name of contributor out-of-state PAC (ID#: CONTRIBUTOR ADHU V. ROACH Contributor address; City; State; Zip Code CONTRIBUTOR RO CONTRI	\$ 750.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional r	EDED eporting requirements.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	DENNIS SHINGLETON	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor aut-of-state PAC (ID#:)	7 Amount of contribution (\$)
3129/17	BAU HELICOPTER PAC 6 Contributor address; City; State; Zip Code P.O. BOX 982 FIVE WINETILS TO 76101	\$300.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions) i
Date	Full name of contributor	Amount of contribution (\$)
3129117	BRADGED S - BARNES Contributor address; City; State; Zip Code 4450 HARCEY AVE. FORT WORTH, TX 76100 Employer (See Instructions) Employer (See Instructions)	\$1,000.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	iuris)
Date	Full name of contributor	Amount of contribution (\$)
31291n	Contributor address; City; State; Zip Code 835 POULIAS AVE DALLAS TX 15335	\$ 500.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
312911	ROBERT D BENDA Contributor address; City; State; Zip Code GOB PAINT PONY TRAL N FOR (A) DRITH TV TELL N	\$ 250.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ons)
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEI If contributor is out-of-state PAC, please see instruction guide for additional re	EDED eporting requirements.

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	DENNIS SHINGLETON	3 Filer ID (Ethic Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3129117	MARK M. CAULEY 6 Contributor address; City; State; Zip Code 8464 HERON PR FORT WORTH, TX 76108	\$100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
31291n	WESLEY TURNER Contributor address; City; State; Zip Code 2117 COLONIAL PKWH FORT WORTH, TX 76109	\$100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributor	Amount of contribution (\$)
3124 17	DICK ELKINS Contributor address; City; State; Zip Code 128 S. SAGINAN BUD SAGINAN TV 76175	\$ 500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributor	Amount of contribution (\$)
3129(h	Contributor address; City; State; Zip Code PD RDX 60097 FDRT WORTH, TX 76115	\$950.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages schedule 1:
2 FILER NAME	DENNIS SHINGLETON	3 Filer ID (Ethic Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3129117	SUSAN 7 TM MATHEUS 6 Contributor address; City; State; Zip Code PD BDX 136215 FORT WRITEL TX 76136	\$75.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3129/17	Co tor address; City; State; Zip Code P.O. BOX 136067 TOO WARTER TO THE STATE OF TH	\$ 100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributor	Amount of contribution (\$)
31291n	DALE BOAZ Contributor address; City; State; Zip Code 8877 BOXT CLUB ROAD FORT WORTH, TE 76176	\$500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributor	Amount of contribution (\$)
3/29/17	Contributor address; City: State; Zip Code 313 (PERINAM FORME	\$150.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)
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MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schadule A1:
2 FILER NAME	DENNIS SHUKOLETON	3 Filer ID (Ethios Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
31211	POLITICAL ACTION COMMITTER OF PACHECI 6 Contributor address; City; State; Zip Code 7557 RAMBURRO, STE 1400 PALLAS, TX 75331	\$ KOBH \$ 500.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3129/In	BRINTON P. PAYNE Contributor address; City; State; Zip Code U321 JNNEAN ROAD. FORT WORTH TO TLATE	\$ 100.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
3129117	Contributor address; City; State; Zip Code 18618 BRIDLE GROVE COURT TOMBRILL TO 17377	\$ 300.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributor	Amount of contribution (\$)
312911	MICKEY NOWELL Contributor address; City; State; Zip Code 7316 MADELPA DEIVE FORT WORTH TE 76112	\$ 150.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	DENNIS SHINGLETON	3 Filer ID (Ethin Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3)29/17	BRAD GORRONDONA 6 Contributor address; City; State; Zip Code 108 ENCHANTED CT N.	\$500.00
8 Principal occu	Paris SDN, TX 716028 pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
36/17	ERIC GREENMAN Contributor address; City; State; Zip Code 304 ESSEX DRIVE MANSFIELD, TX 7603	\$100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributor	Amount of contribution (\$)
3129/17	CARL KROGNESS Contributor address; City; State; Zip Code 3721 ARROMO RO- TOUT WORTH TO 76109 Employer (See Instruction)	\$ 250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributor	Amount of contribution (\$)
312911	CONSTRUATIVE VOTERS FORUM. Contributor address; City; State; Zip Code INA FRANCE TRAIL HURST, TX 76053	\$1,000.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	DENNIS SHINGLETON	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3129/17	MARTHA V. USONARO 6 Contributor address; City: State; Zip Code 1411 SHAM DAKS LANS FORT WORTH BY 7615	\$1,000.00
8 Principal occu	ipation / Job title (See Instructions) 9 Employer (See Instruc	tions) i
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3129/17	Contributor address; City; State: Zip Code 2600 W. Jan STREET 151831 FORT WORTH TX	\$ 100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
3131117	Contributor address; City: State; Zip Code 608 WESTWOOD AVE FORT WOOTH, TV 76,107	\$ 50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
3(31)17	ANN L. HARWOOD Contributor address; City; State; Zip Code 3904 MANTICEUM DRIVE FORT WORTH, TX TUIDT	\$150.00
	ation / Job title (See Instructions) Employer (See Instructions)	ons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	: EDFD
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	DENNS SHINGLETON	3 Filer ID (Ethics commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3131117	Beian Happel 6 Contributor address; City; State; Zip Code 2906 Las Palmas Lane Aeuroson, Tx 76012	\$100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3131117	RICHARD & CARROL MINKER Contributor address; City; State; Zip Code 2865 MANDEWOOD TRAIL FORT WORTEL TO 16109	\$100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributor	Amount of contribution (\$)
3 31 17	AUFRED SAENZ Contributor address; City; State; Zip Code 407 THROCK MORTON PH#7 FORT WORTH, TK 76102	\$ 250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributorout-of-state_PAC (ID#:)	Amount of contribution (\$)
3 31 17	EUZABETH T PANDAL GIDEON. Contributor address; City; State; Zip Code HOD W. 7th STREET H 7598 FORT WIRTH TE 76107	7250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	DENNIS SHINGLETON	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3131117	FREESE FINICHOUS PAC 6 Contributor address; City; State; Zip Code 7055 INTERNATIONAL PLAZA # 200 FORT WRITH TO TIGITAL	\$ 250.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
3131/17	TOM PURVIS Contributor address; City; State; Zip Code S301 BYERS AVE FURT WORTH, TV 7407	\$ 750.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ionsj
Date	Full name of contributor	Amount of contribution (\$)
3131117	MARIUN & MICHAEL BERRY Contributor address; City; State; Zip Code 6717 CEN DA ROAD FORT WORTH, TX 76116	\$500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
313111	Contributor address; City; State; Zip Code 1200 WASHINGTON TERRACE FORT WORTH IN TURNS	\$ 250.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)
		:
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional r	EDED reporting requirements.

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1				
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:				
2 FILER NAME	DENNIS SHINGLETD	N	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC		7 Amount of contribution (\$)				
TERRI MONTESI 6 Contributor address; City; State; Zip Code 1701 RIVER RUN, STE SOO 5 750.00							
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)				
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)				
313/117	HALFF ASSOCIATES Contributor address; City; State 1201 N. BONSER POR PICHAPOSON, TX 1508	PAC: ; Zip Code	\$ 250.00				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)				
312211 JOANNA CRAIN Contributor address; City; State; Zip Code 450 DAX PARK LANX HODA? FOR LYDTH TX 76109							
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)				
312211	CHERALA FENA GMI Contributor address; City; State;	CONES Zip Code	\$ 100.00				
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)				
			·				
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED reporting requirements.				

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	DENNIS SHINGLES		3 Filer ID (Ethics commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
3122/17	ANTHONY H. DEL 6 Contributor address; City; State; 5598 SMOKETTHEN DRI	\$ 25.00	
8 Principal occu		9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
1110117	CONTRIBUTE AND City; State;	Zip Code	\$ 500.00
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
,	Contributor address; City; State;	Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
			·
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instru	THIS SCHEDULE AS NE ction guide for additional r	EDED eporting requirements.

SCHEDULE F1

		EXPENDITURE CAT	EGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Ove Polling Ex Printing E: Salaries/V	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Travel In District Travel Out Of District Other (enter a category not listed abo	•
1 Total pages Schedule F1:	2 FILER N	DENNIS	Sui	WISTON	3 Filer ID (Ethics Commission	Filers)
4 Date	5 Payee na	E ORIGINAL	MEX	ICAN	RESTAURANT	
6 Amount (\$)	7 Payee at 4713 Forz)	Idress; City; State; CAMP BON WORTH, TX	Zip Code) LE (3WD.	i	
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of thi			loutside of Texas. Complete Schedule T. stin, TX, officeholder living expense	
9 Complete ONLY if direct		ate / Officeholder name		Office sought	Office held	

EXPENDITURE	The state of the s		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
111717	STAPLES		
Amount (\$)	Payee address; City; State; Zip Code		
\$100.00	1660 S. LINIVERSITY FORT WOOTH TE 761	Lawrence Control of the Control of t	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texa	s. Complete Schedule T.
OF EXPENDITURE	OFFICE OVERHEND	Check if Austin, TX, office	holder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder пате Н	Office sought	Office held
Date	Payee name		
1118/17	CUBESMART		
Amount (\$)	Payee address; City; State; Zip Code 3569 BDNT CUB P	OAO	
64.95	LAKE WORTH, TK 76	332	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas	
OF EXPENDITURE	OFICE OVERHEAD)	Check if Austin, TX, officel	nolder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	а

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	≥al Committee Legal Services Salaries/N The Instruction Guide explains how to €	Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1	2 FILER NAME DENNS SHIN	3 Filer ID (Ethics Commission Filers)
4 Date 1817	5 Payee name CUBESMART	LICIED!
6 Amount (\$)	LAKE WORTH, The T	0A0 [LJ35
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CFICE OVERHEND RENTAL	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1118117	FORT WORDEN SISTE	R CITIES INTERNATIONAL
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	908 MONROE STREE FORT WORTH TR T	P109-
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1123117	MICHATEL'S RESTA	NEANT
Amount (\$) *31.98	Payee address; City; State; Zip Code 3413 W. 74n STREET FORT WORTH, TX 76	.107
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FDOOL REVERME	Description Check if travel outside of Texas. Complete Schedule T. 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 S	SCHEDULE AS NEEDED

SCHEDULE F1

****	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME DENNIS	SHIKI ETTON"	3 Filer ID (Ethics Commission Filers)
4 Date 1 27 17	5 Payee name BEACON CA	FE.	
6 Amount (\$) \$33,82	171 AVIATOR DI FORT WOXIN T	21VE 21VE 76179	i
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	Check if travel outsix	de of Texas. Complete Schedule T. FX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date 0117	Payee name HOME DEPOT		
Amount (\$) \$100.00	Payee address; City; State; Zi 39.56 JIM WRIGHT LAKE WORTH TV	_	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so ADVERTISING (SIGN POUS) TIES	chedule) Description Check if travel outside	e of Texas. Complete Schedule T. K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/6/17	THE EPPSTEIN	J GROUP	
Amount (\$)	Payee address; City; State; Zip	p Code	1 -
\$7,500	FORT WORTH TE	76,109	680
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sci	Check if travel outside	of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NEEDE	D

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services

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

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District
Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME DENNIS SHINGLETION 4 Date 5 Payee name DANNA CRAIN City; State; Zip Code 6 Amount (\$) 7 Payee address; 4055 ONL PARKLANE 4100427 44,000.00 (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense CONTRACT LAB-Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name 2/8/17 FIRESTONE & ROBER Amount (\$) City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** GIFT (SUPPORT FUSSE) OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 2/13/17 CUBESMART City; State; Zip Code Amount (\$) 3949 BONT CLUB ROAD \$100.00 Check if travel outside of Texas. Complete Schedule T. PURPOSE OFFICE OVERHEAD) OF EXPENDITURE Check if Austin, TX, officeholder living expense RENTAL Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Fees Office Ov. Food/Beverage Expense Polling E. By Gift/Awards/Memorials Expense Printing E		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
Cledit Cald Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1	2 FILER NAME DENALS SHIN	GLETON	3 Filer ID (Ethics Commission Filers)
4 Date 17 17	5 Payee name		
6 Amount (\$) \$250.∞	7 Payee address; City; State; Zip Code P.O. BOY 0871 FOOT WORTH TO 7	601	i
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			itside of Texas. Complete Schedule T.
OF EXPENDITURE	DONATION	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	and the state of t	
2124/17		ICAN RE	STAURANT
Amount (\$)	Payee address; City; State; Zip Code		
PG. PG*		3Wp. =107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	1 -	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
31117	USPS		
Amount (\$)	Payee address; City; State; Zip Code		
⁵ 49.00	FORT WOOTH, TE 76	107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE— POSTACE	Description Check if travel outsi	ide of Texas. Complete Schedule T. 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 S	CHEDULE AS NEED	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 3 10 5 Payee name City; State; Zip Code 7 Payee address; 6 Amount (\$) 7450 DAK PARK CANE #100137 \$4,000.00 FORT WORTH, TX 76109 (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense CONTRACT LABOR 9 Complete ONLY if direct expenditure to benefit C/OH Office held Candidate / Officeholder name Office sought Pavee name 3113117 GINGER BROWN'S OLD TYME RESTAURANT Payee address; City; State; Zip Code Amount (\$) 6312 LAKE WORTH BLUD. Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense FOOD BEVERAGE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name LONGHORN COUNCE of BOY SCUTT OF AMERICA Payee address; City; State; Zip Code 314/17 Amount (\$) 250 CALLOW DRINE \$300.000 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense DONATION) Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

AdvertIsing Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

Contributions/Donations Made Candidate/Officeholder/Politi		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explain	-	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1	2 FILER NAME DENNIS	HINGLETEN	3 Filer ID (Ethics Commission Filers)
4 Date 31 (5) (7	5 Payee name HOUE DEPOT		
6 Amount (\$)	7 Payee address; City; State; Zi	·	
₹237.22	BISD JIM WERCHET LAKE WORTH TK	FREY 76135	i .
8	(a) Category (See Categories listed at the top of this se		
PURPOSE			outside of Texas. Complete Schedule T.
OF EXPENDITURE	ADVERTISING -	L Check if Aust	lin, TX, officeholder living expense
	(SIGN POSTSATI	EZ)	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
3199/17	AIR POWER CO		
Amount (\$)	Payee address; City; State; Zip		
F135.00	1601 E. LAMAR BU	n	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16011	
21122005	Category (See Categories listed at the top of this sc		utside of Texas. Complete Schedule T.
PURPOSE OF			n, TX, officeholder living expense
EXPENDITURE	DONATION		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	David vama		
Date	Payee name		
3123117	THE DRIGINAL M		MAURANT
Amount (\$)	Payee address; City; State; Zip		
P1,916,10		c BWD.	
1110,10	FORT WORTH, TE	16107	
	Category (See Categories listed at the top of this sch	l — ·	hilds of Tayon Complete Cabadyla T
PURPOSE OF			tside of Texas. Complete Schedule T. , TX, officeholder living expense
EXPENDITURE	FOOD BEVERACE	_	, m, chesticasi ining capatico
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gilt/Awards/Memorials Expense

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

Candidate/Officeholder/Politic	cal Committee	Legal Service	es	Salaries/W	Vages/Contract Labor	Other (enter a categ	gory not listed above)
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1 Total pages Schedule F1	2 FILER N.	\mathcal{D}	ENNIS	SHII	NCE TON	3 Filer ID (Ethic	cs Commission Filers)
4 Date 3127/17	5 Payee na		DIH OLA		stock C	LASS CF	7136
6 Amount (\$)	7 Payee ad		City; State;				
\$100.00			BERLAN			i	
		WORT	es listed at the top of thi	7624	(b) Description		
8 PURPOSE	(a) Calegory	(paa oaredour	is listed at the top of	a aunuuuio,		utside of Texas. Complete S	Schedule T.
OF EXPENDITURE	Do	NAT	IDN		Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeho	older name		Office sought		Office held
Date	Payee nar	me					
312917	DN.	THE	BORD		, pp. 14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
Amount (\$)	Payee add		City; State;		~~.		
\$693.19	6536 FOZI	, NDE	THUEST		132 , 890		
	Category	(See Categorie:	s listed at the top of this	schedule)	Description	tside of Texas. Complete Sc	shaduta T
PURPOSE OF	ا	1.0				TX, officeholder living	
EXPENDITURE	tooc) BEL	SERACE	E			
Complete ONLY if direct expenditure to benefit C/OF		te / Officeho	lder name		Office sought		Office held
Date	Payee nar	me					
3129/17	DN -	THE	BORDA	ER			
Amount (\$)	Payee add	-	City; State; 2				
\$40.43	FORT (WOBTE	hurst	6135	570 		
	Category	(See Categories	listed at the top of this	schedule)	Description	side of Texas. Complete Sci	bodula T
PURPOSE OF		i			r	TX, officeholder living e	1
/ EXPENDITURE	FOOL	2 B2	everbe	32			-
Complete ONLY if direct expenditure to benefit C/OH		te / Officeho	ilder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

AdvertIsing Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

Candidate/Officeholder/Polit		nting Expense Travel Out Of District laries/Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains ho	
1 Total pages Schedule F	1: 2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Total pages	DENNS SHI	, <u> </u>
4 Date	5 Payee name	
313017	THE EPPSTEIN GE	2aup
6 Amount (\$)	7 Payee address; City; State; Zip Co	
\$0.00	UUSD INTERNATIONAL	ASAA
\$2,311.53	Fact weeter, Te 761	১ 9
8	(a) Category (See Categories listed at the top of this schedu	le) (b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
	CONSULTING EXPENS	75
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C	DH	
Date	Payee name	
3130117	THE EPPSTEIN GO	2arp
Amount (\$)	Payee address; City; State; Zip Co	
<	ULISO INTERNATIONAL	PLAZA
52,695.63	FORT WORTH, The 76	109
	Category (See Categories listed at the top of this schedule	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
EXPENDITURE	CONSULTING EXPENSE	

Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
3130/17	THE EPPSTEIN GI	2017
Amount (\$)	Payee address; City; State; Zip Coo	
ち い。	4450 INTERNATIONAL P	TAZA
10,000,01	FORT WORTH TX 71	-109
	Category (See Categories listed at the top of this schedule	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	(- L	Check if Austin, TX, officeholder living expense
	CONSULTING EXPENSE	·_
Complete ONEY Y. F.		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

AdvertIsing Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	al Committee I	egal Services		Vages/Contract Labor	Other (enter a category not listed	above)
	-	The Instruction Guide exp	plains now to d	complete this form.		
1 Total pages Schedule F1	2 FILER NAM	DENNIS	SAIN	LOTZIA	3 Filer ID (Ethics Commission	on Filers)
4 Date 3 3 3 1 1 1 7	5 Payee nam	sel sna	sp k	OLACHE	S	
6 Amount (\$)	7 Payee add	ess; City; State;	Zip Code			
\$216.00	9006 FX	WHITE SE	761	ENT ROW	\circ ,	
8	(a) Category (5	lee Categories listed at the top of		(b) Description		
	(a) Galagory (ou outoganas natos de ma top or	,	l · · · · · · · · · · · · · · · · · · ·	rtside of Texas, Complete Schedule T.	
PURPOSE OF				1 —	, TX, officeholder living expense	
EXPENDITURE	Food	BEUERA	SIX			
9 Complete ONLY if direct expenditure to benefit C/O		/ Officeholder name		Office sought	Office held	
Date	Payee name	}				
3128117	TEI	BANER	2			
Amount (\$)	Payee addr	ess; City; State;	Zip Code			
22CV 07	1700 h	Coers Ro	MD # S	34		
$\sigma s \omega . \omega$	toct 1	WOOTH. TX	7610	7'		
PURPOSE OF	Category (S	ee Categories listed at the top of th	nis schedule)		side of Texas. Complete Schedule T.	
EXPENDITURE	CONT	RCT LAB	X	Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		/ Officeholder name		Office sought	Office held	
Date	Payee name					
	,					
Amount (\$)	Payee addre	ss; City; State;	Zip Code			
	Category (Se	Categories listed at the top of thi	is schedule)	Description		
PURPOSE				Check if travel outsi	de of Texas. Complete Schedule T.	
OF EXPENDITURE				Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate	Officeholder name		Office sought	Office held	
	ATTAC	H ADDITIONAL COPIE	S OF THIS S	CHEDULE AS NEED	DED	