

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD  
CITY SECRETARY**

**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:

11

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

MR.

DENNIS

P

NICKNAME

LAST

SUFFIX

SHINGLETON

**OFFICE USE ONLY**

Date Received



4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 470336

FORT WORTH TX

76147

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 236-7969

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MR

DEE

NICKNAME

LAST

SUFFIX

KELLY JR.

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

201 MAIN ST SUITE 2500

FORT WORTH TX 76102

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 332-2500

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign  
treasurer appointment  
(Officeholder Only)

July 15

8th day before election

Exceeded \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

7 / 1 / 2019

THROUGH

Month

Day

Year

12 / 31 / 2019

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 4 / 19

Primary

Runoff

Other  
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

CITY COUNCIL #7  
FORT WORTH TX

13 OFFICE SOUGHT (if known)

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME DENNIS 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.

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

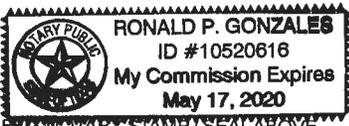
Additional Pages

|                         |   |                   |
|-------------------------|---|-------------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED | \$ <u>— 0 —</u>   |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>— 0 —</u>   |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ <u>— 0 —</u>   |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>4851.53</u> |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <u>4935.21</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$                |

18 AFFIDAVIT

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

Dennis Shingleton  
Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said Dennis P. Shingleton, this the 14th day of January, 2020, to certify which, witness my hand and seal of office.

Ronald P. Gonzales      Ronald P. Gonzales      Notary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><i>DENNIS SHINGLETON</i> |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ <i>-0-</i>                          |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$                                     |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ <i>4897.93</i>                      |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                                     |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                                     |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                                     |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$                                     |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                                     |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                                     |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                                     |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

|   |  |                                       |
|---|--|---------------------------------------|
| The Instruction Guide explains how to complete this form. |  | 1 Total pages Schedule A1: <u>1</u>   |
| 2 FILER NAME<br><b>DENNIS SHINGLETON</b>                  |  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$)         |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)         |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>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#: _____)<br>.....<br>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#: _____)<br>.....<br>Contributor address; City; State; Zip Code     | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)           |

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | 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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br><b>7</b>                       | <b>2</b> FILER NAME<br><b>DENNIS SHINGLETON</b>  | <b>3</b> Filer ID (Ethics Commission Filers)              |
| <b>4</b> Date<br><b>7-15-19</b>                                     | <b>5</b> Payee name<br><b>SHOFUR</b>   |   |
| <b>6</b> Amount (\$)<br><b>\$580.-</b>                              | <b>7</b> Payee address; City; State; Zip Code<br><b>ATLANTA, GA 30326</b>  |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>TRANSPORTATION - CHARTER DONATION</b>  | <b>(b)</b> Description<br><b>BUS TRIP - FORTRESS KIDS</b> |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought      Office held                            |
| Date<br><b>7-22-19</b>  | Payee name<br><b>CHICK-FIL-A</b>   |   |
| Amount (\$)<br><b>\$490.37</b>                                      | Payee address; City; State; Zip Code<br><b>LAKE WORTH BLVD RTE 199 LAKE WORTH TX 98245</b>   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>DONATION FOOD/BEV</b>   | Description<br><b>LUNCH - FORTRESS KIDS</b>               |
|   | <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<br><b>7-29-19</b>  | Payee name<br><b>PAPPADEAUX SEAFOOD</b>  |   |
| Amount (\$)<br><b>\$159.82</b>                                      | Payee address; City; State; Zip Code<br><b>2708 WEST FWY FORT WORTH TX 76102</b>   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>FOOD / BEVERAGE</b>   | Description<br><b>SENIOR STAFF &amp; MAYOR</b>            |
|   | <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                        | 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<br><b>DENNIS SHINGLETON</b>  | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date<br><b>8-12-19</b>                                     | 5 Payee name<br><b>BRIAN DROEGE</b>   |   |
| 6 Amount (\$)<br><b>\$250. —</b>                             | 7 Payee address; City; State; Zip Code<br><b>12901 ROYAL ASCOT DR<br/>FORT WORTH TX 76244</b>   |   |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br><b>DONATION</b>   | (b) Description<br><b>SUMMER LIBRARY GARAGE</b> |
|  | (c) <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<br><b>8-15-19</b>                                       | Payee name<br><b>LA FAMILIA MEXICAN RESTAURANT</b>  |   |
| Amount (\$)<br><b>\$43.59</b>                                | Payee address; City; State; Zip Code<br><b>841 FOCH ST. FORT WORTH TX 76107</b>   |   |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><b>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     |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought      Office held                  |
| Date<br><b>8-28-19</b>                                       | Payee name<br><b>PANERA BREAD</b>   |   |
| Amount (\$)<br><b>19.01</b>                                  | Payee address; City; State; Zip Code<br><b>1700 SOUTH UNIVERSITY<br/>FORT WORTH TX 76178</b>  |   |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><b>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     |   |
| 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                        | 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<br><b>DENNIS SHINGLETON</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--|---------------------------------------|

|                          |   |
|--------------------------|---|
| 4 Date<br><b>10/3/19</b> | 5 Payee name<br><b>PAPPADEAUX SEAFOOD</b> |
|--------------------------|---|

|                                  |  |       |        |          |
|----------------------------------|--|-------|--------|----------|
| 6 Amount (\$)<br><b>\$ 47.13</b> | 7 Payee address;<br><b>2708 WEST FREEWAY<br/>FORT WORTH TX 76102</b> | City; | State; | Zip Code |
|----------------------------------|--|-------|--------|----------|

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Food-beverage</b> | (b) Description   |
|                                    | (c) <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<br><b>10/8/19</b> | Payee name<br><b>ST. ANDREW'S SCHOOL</b> |
|------------------------|--|

|                             |   |       |        |          |
|-----------------------------|---|-------|--------|----------|
| Amount (\$)<br><b>600.-</b> | Payee address;<br><b>3304 DRYDEN ROAD<br/>FORT WORTH TX 76132</b> | City; | State; | Zip Code |
|-----------------------------|---|-------|--------|----------|

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>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 |

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

|                         |                                     |
|-------------------------|-------------------------------------|
| Date<br><b>10/16/19</b> | Payee name<br><b>DOMINO'S PIZZA</b> |
|-------------------------|-------------------------------------|

|                                 |  |       |        |          |
|---------------------------------|--|-------|--------|----------|
| Amount (\$)<br><b>\$ 129.90</b> | Payee address;<br><b>900 HENDERSON ST.<br/>FORT WORTH TX 76102</b> | City; | State; | Zip Code |
|---------------------------------|--|-------|--------|----------|

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Food-beverage</b> | Description<br><b>FWRPD WATCH</b>   |
|                                    | <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                        | 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br><i>DENNIS SHINGLETON</i>  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><i>11/20/19</i>                                    | <b>5</b> Payee name<br><i>LIGHTHOUSE FOR BLIND - FW</i>  |  |
| <b>6</b> Amount (\$)<br><i>500.-</i>                                | <b>7</b> Payee address; City; State; Zip Code<br><i>912 W. BROADWAY AVE<br/>FORT WORTH TX 76104</i>  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>donation</i>   | <b>(b)</b> Description                       |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |  |
|   | Candidate / Officeholder name  | Office sought      Office held               |
| <b>Date</b><br><i>11/20/19</i>                                      | <b>Payee name</b><br><i>JORDAN HARRIS FOUNDATION</i>   |  |
| <b>Amount (\$)</b><br><i>500.-</i>                                  | <b>Payee address; City; State; Zip Code</b><br><i>2830 S. Hulen St.<br/>FORT WORTH TX 76109</i>  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><i>donation</i>  | Description                                  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>          |  |  |
|   | Candidate / Officeholder name  | Office sought      Office held               |
| <b>Date</b><br><i>12/6/19</i>                                       | <b>Payee name</b><br><i>US POSTAL SERVICE</i>  |  |
| <b>Amount (\$)</b><br><i>296.-</i>                                  | <b>Payee address; City; State; Zip Code</b><br><i>3101 W. 6th St.<br/>FORT WORTH TX 76107</i>  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><i>Office overhead - rental</i>  | Description<br><i>Post office box rental</i> |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>          |  |  |
|   | Candidate / Officeholder name  | Office sought      Office held               |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br><i>Dennis Singleton</i>   | <b>3</b> Filer ID (Ethics Commission Filers)     |
| <b>4</b> Date<br><i>12/11/19</i>                                    | <b>5</b> Payee name<br><i>Northeast Tarrant Lions Club</i>   |  |
| <b>6</b> Amount (\$)<br><i>90.-</i>                                 | <b>7</b> Payee address; City; State; Zip Code<br><i>PO Box 1366 Euless Tx 76039</i>  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>donation</i>   | <b>(b)</b> Description<br><i>6 Passes - Kids</i> |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought      Office held                   |
| Date<br><i>12/18/19</i>   | Payee name<br><i>Luciles Restaurant</i>  |  |
| Amount (\$)<br><i>55.31</i>   | Payee address; City; State; Zip Code<br><i>4700 Camp Bowie Blvd. Fort Worth Tx 76107</i>   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><i>food-beverage expense</i>   | Description                                      |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought      Office held                   |
| Date<br><i>12/20/19</i>   | Payee name<br><i>Niles City Hall</i>   |  |
| Amount (\$)<br><i>253.-</i>   | Payee address; City; State; Zip Code<br><i>121 E. Exchange Ave Fort Worth Tx 76164</i>   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><i>Food-beverage</i>   | Description                                      |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought      Office held                   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br><i>Dennis Singleton</i>   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><i>12/31/19</i>                                    | <b>5</b> Payee name<br><i>STAPLES</i>  |  |
| <b>6</b> Amount (\$)<br><i>\$142.51</i>                             | <b>7</b> Payee address; City; State; Zip Code<br><i>6313 Lake Worth Blvd.<br/>Lake Worth TX 76135</i>  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a) Category</b> (See Categories listed at the top of this schedule)<br><i>office overhead</i>  |  |
|   | <b>(b) Description</b>   |  |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |  |
| Date  | Candidate / Officeholder name  |  |
| Amount (\$)   | Office sought  |  |
| Office held   |  |  |
| Date  | Candidate / Officeholder name  |  |
| Amount (\$)   | Office sought  |  |
| Office held   |  |  |
| Date  | Candidate / Officeholder name  |  |
| Amount (\$)   | Office sought  |  |
| Office held   |  |  |

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