



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME DENNIS P. SHINGLETON 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE  
 GENERAL  
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

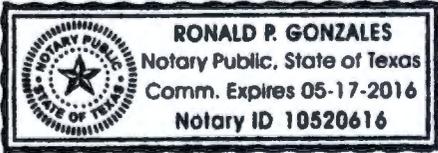
Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5000. —
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4421. —
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 66,484.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

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

Dennis P. Shingleton  
Signature of Candidate or Officeholder

  
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dennis P. Shingleton, this the 13th day of January, 2016, to certify which, witness my hand and seal of office.

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

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME <b>DENNIS SHINGLETON</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <b>5000.-</b>
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	\$ <b>4421.-</b>
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: <b>1 of 1</b>
2 FILER NAME <b>DENNIS P. SHINGLETON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/20/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT H. MCLEAN</b>	7 Amount of contribution (\$) <b>\$5000.-</b>
6 Contributor address; City; State; Zip Code <b>109 E. EXCHANGE ST. FORT WORTH TX 76164</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**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: <i>1 of 11</i>	<b>2</b> FILER NAME <i>DENNIS P. SHINGLETON</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>7-14-15</i>	<b>5</b> Payee name <i>CENTRAL MARKET</i>	
<b>6</b> Amount (\$) <i>167.25</i>	<b>7</b> Payee address; City; State; Zip Code <i>4651 WEST FREEWAY FORT WORTH TX 76107</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>FOOD BEVERAGE EXPENSE - RUC</i>	<b>(b)</b> Description <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 <i>7-20-15</i>	Payee name <i>CUPESMART</i>	
Amount (\$) <i>91.60</i>	Payee address; City; State; Zip Code <i>3969 BOAT CLUB RD. LAKE WORTH TX 76135</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>OFFICE OVERHEAD - STORAGE -</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>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>7-24-15</i>	Payee name <i>CHILI'S RESTAURANT - LAKE WORTH</i>	
Amount (\$) <i>35.84</i>	Payee address; City; State; Zip Code <i>6536 LAKE WORTH BLVD. LAKE WORTH TX 76135</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>FOOD BEVERAGE EXP. LOVE CIRCLE GROUP</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>9</b> 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: <b>2 of 11</b>	2 FILER NAME <b>DENNIS SHINGLETON</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>7-31-15</b>	5 Payee name <b>EDDIE V'S RESTAURANT</b>	
6 Amount (\$) <b>\$138.75</b>	7 Payee address; City; State; Zip Code <b>3100 WEST 7TH ST FORT WORTH TX 76107</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FOOD BEVERAGE - LAYNE McCONNELL</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>8-4-15</b>	Payee name <b>BEST BUY</b>	
Amount (\$) <b>26.49</b>	Payee address; City; State; Zip Code <b>1000 CRANBERRY SQ. DL. CRANBERRY TOWNSHIP PA. 16066</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OFFICE OVERHEAD LAPTOP CHARGER</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>8-20-15</b>	Payee name <b>EDDIE V'S RESTAURANT</b>	
Amount (\$) <b>56.55</b>	Payee address; City; State; Zip Code <b>3100 WEST 7TH ST. FORT WORTH TX 76107</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD BEVERAGE - GALBREATH / HERNANDEZ</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: <i>3 of 11</i>	<b>2</b> FILER NAME <i>DENNIS SHINGLETON</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>8-26-15</i>	<b>5</b> Payee name <i>CUBESMART</i>	
<b>6</b> Amount (\$) <i>81.60</i>	<b>7</b> Payee address; City; State; Zip Code <i>3969 BOAT CLUB RD. LAKE WORTH TX 76135</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>OFFICE OVERHEAD - STORAGE -</i>	<b>(b)</b> Description <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 <i>8-28-15</i>	Payee name <i>USPS</i>	
Amount (\$) <i>54.75</i>	Payee address; City; State; Zip Code <i>3930 TELEPHONE RD. LAKE WORTH TX 76135</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>POSTAGE - STAMPS - OFFICE 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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>8-28-15</i>	Payee name <i>STAPLES INC.</i>	
Amount (\$) <i>36.03</i>	Payee address; City; State; Zip Code <i>6313 LAKE WORTH BLVD. LAKE WORTH TX 76135</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>OFFICE OVERHEAD</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>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: <i>4 of 11</i>	<b>2</b> FILER NAME <i>DENNIS SHINGLETON</i>	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>9-4-15</i>	<b>5</b> Payee name <i>ACE PARKING</i>		
<b>6</b> Amount (\$) <i>32.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>SAN DIEGO CA.</i>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>TRAVEL OUT OF DISTRICT</i>	<b>(b)</b> Description <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
Date <i>9-1-15</i>	Payee name <i>JODY JOHNSON CAMPAIGN</i>		
Amount (\$) <i>200.-</i>	Payee address; City; State; Zip Code <i>PO BOX 136067 LAKE WORTH TX 76136</i>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Campaign Contribution</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date <i>9-1-15</i>	Payee name <i>SENATOR JANE NELSON CAMPAIGN</i>		
Amount (\$) <i>250.-</i>	Payee address; City; State; Zip Code <i>PO BOX 608 GRAPEVINE TX 76099</i>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Campaign Contribution</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

**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: <i>5811</i>	<b>2</b> FILER NAME <i>DENNIS SHINGLETON</i>	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>9-15-15</i>	<b>5</b> Payee name <i>CHUY'S</i>		
<b>6</b> Amount (\$) <i>28.38</i>	<b>7</b> Payee address; City; State; Zip Code <i>SOUTH 7<sup>TH</sup> ST. FORT WORTH TX 76107</i>		
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Food Beverage EXPENSE - GENOA</i>	<b>(b)</b> Description <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
Date <i>9-25-15</i>	Payee name <i>ALBERTSON'S STORE</i>		
Amount (\$) <i>52.85</i>	Payee address; City; State; Zip Code <i>1201 NORTH SAGINAW BLVD. SAGINAW TX</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FOOD BEVERAGE EXPENSE - RCA</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
Date <i>10-13-15</i>	Payee name <i>Charlie Geren Campaign</i>		
Amount (\$) <i>\$300.-</i>	Payee address; City; State; Zip Code <i>PO Box 1440 Fort Worth TX 76101</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Contribution</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>6 of 11</b>	2 FILER NAME <b>Dennis Shingleton</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10-16-15</b>	5 Payee name <b>Roger Williams Campaign</b>	
6 Amount (\$) <b>\$250.-</b>	7 Payee address; City; State; Zip Code <b>PO Box 1504 Austin Tx 78767</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Campaign Contribution</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>10-23-15</b>	Payee name <b>Billy Acres BBQ</b>	
Amount (\$) <b>\$550.-</b>	Payee address; City; State; Zip Code <b>1700 NORTH LAS VEGAS TRAIL Fort Worth Tx 76108</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food Beverage Expense - South Lake Worth NA</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>10-28-15</b>	Payee name <b>RAILHEAD SMOKEHOUSE</b>	
Amount (\$) <b>31.89</b>	Payee address; City; State; Zip Code <b>2900 Montgomery Street Fort Worth TX 76107</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food Beverage Expense Alanis Yanez's Ward</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | 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: <i>7 of 11</i>		<b>2</b> FILER NAME <i>Dennis Shingleton</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>10-28-15</i>		<b>5</b> Payee name <i>USPS</i>			
<b>6</b> Amount (\$) <i>220.-</i>		<b>7</b> Payee address; City; State; Zip Code <i>3930 TELEPHONE RD. LAKE WORTH TX 76135</i>			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>POSTAGE - STAMPS PO BOX RENTAL</i>		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>10-28-15</i>		Payee name <i>FRIENDS OF JANE NELSON</i>			
Amount (\$) <i>250.-</i>		Payee address; City; State; Zip Code <i>CIRCLE R. RANCH 5901 CROSSLIMB RD. FLOWER MOUND TX 75022</i>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>CAMPAIGN 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		
	Candidate / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>10-29-2015</i>		Payee name <i>CUBESMALT</i>			
Amount (\$) <i>92.00</i>		Payee address; City; State; Zip Code <i>3969 BOAT CLUB RD. LAKE WORTH TX 76135</i>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>OFFICE OVERHEAD - STORAGE -</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

**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: 8 of 11	<b>2</b> FILER NAME DENNIS SMINGLETON	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10-30-15	<b>5</b> Payee name FRIENDS OF NATURE CENTER		
<b>6</b> Amount (\$) \$150.-	<b>7</b> Payee address; City; State; Zip Code 9601 FOSSIL RIDGE ROAD FORT WORTH TX 76135		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION By CANDIDATE	<b>(b)</b> Description <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

Date 11-6-15	Payee name ORIGINAL MEXICAN RESTAURANT		
Amount (\$) \$43.07	Payee address; City; State; Zip Code 4317 CAMP BOWIE BLVD - FORT WORTH TX 76107		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FOOD BEVERAGE - BURDETTE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

Date 11-7-15	Payee name EDDIE VS RESTAURANT		
Amount (\$) 89.69	Payee address; City; State; Zip Code 3100 WEST 7TH ST FORT WORTH TX 76107		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FOOD BEVERAGE EXP - HILL	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

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: <i>9 of 11</i>	<b>2</b> FILER NAME <i>DENNIS SHINGLETON</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>11-25-15</i>	<b>5</b> Payee name <i>JORDAN ELIZABETH HARRIS FOUNDATION</i>	
<b>6</b> Amount (\$) <i>250.-</i>	<b>7</b> Payee address; City; State; Zip Code <i>PO BOX 821443 NORTH RICHLAND HILLS TX 76182</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>DONATION -</i>	<b>(b)</b> Description <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 <i>11-27-15</i>	Payee name <i>TEXAS CHRISTIAN UNIVERSITY</i>	
Amount (\$) <i>250.-</i>	Payee address; City; State; Zip Code <i>2800 SOUTH UNIVERSITY DR. FORT WORTH TX 76129</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <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>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>12-02-15</i>	Payee name <i>STAPLES INC.</i>	
Amount (\$) <i>\$50.64</i>	Payee address; City; State; Zip Code <i>6313 LAKE WORTH BLD. LAKE WORTH TX 76135</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>OFFICE OVERHEAD</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>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: <b>10 of 11</b>	2 FILER NAME <b>DENNIS SHINGLETON</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>12-4-15</b>	5 Payee name <b>ORIGINAL MEXICAN RESTAURANT</b>		
6 Amount (\$) <b>\$ 35.31</b>	7 Payee address; City; State; Zip Code <b>4317 CAMP BOWIE BLVD. FORT WORTH TX 76107</b>		
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FOOD BEVERAGE</b> <b>-EPSTEIN/SCHULTZ</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date <b>12-10-15</b>	Payee name <b>DAM DINER</b>		
Amount (\$) <b>48.03</b>	Payee address; City; State; Zip Code <b>4837 RIVER OAKS BLVD RIVER OAKS TX.</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD BEVERAGE</b> <b>KESSLER-WENDING -</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
Date <b>1-4-16</b>	Payee name <b>USPS</b>		
Amount (\$) <b>49.00</b>	Payee address; City; State; Zip Code <b>3930 TELEPHONE RD. LAKE WORTH TX 76135</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b> <b>STAMPS</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>11 of 11</i>		2 FILER NAME <i>DENNIS SHINGLETON</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1-4-16</i>		5 Payee name <i>ROTARY CLUB OF FORT WORTH</i>			
6 Amount (\$) <i>\$300.-</i>		7 Payee address; City; State; Zip Code <i>306 W. 9TH ST. SUITE 1200 FORT WORTH TX 76102</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>OTHER - FUNDRAISING</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					

Date <i>1-11-16</i>		Payee name <i>DUITY CROW</i>			
Amount (\$) <i>84.28</i>		Payee address; City; State; Zip Code <i>2801 CROCKETT ST. FORT WORTH TX</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>FOOD BEVERAGE EXPENSE</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					

Date <i>1-12-16</i>		Payee name <i>FORT WORTH AIRPOWER COUNCIL</i>			
Amount (\$) <i>125.-</i>		Payee address; City; State; Zip Code <i>PO BOX 8728 FORT WORTH TX 76124</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Office held					

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