

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX**

**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: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST DENNIS	MI P
	NICKNAME	LAST SHINGLETON	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE
	PO BOX 470336 FORT WORTH TX 76147		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 236-7969	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST DEE	MI
	NICKNAME	LAST KELLY JR.	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 201 MAIN ST. SUITE 2500 FORT WORTH TX 76102		
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 332-2500	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 4 / 1 / 19 THROUGH 4 / 26 / 19		
11 ELECTION	ELECTION DATE Month Day Year 5 / 4 / 19	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL D #7 FORT WORTH TX	13 OFFICE SOUGHT (if known)	

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

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 <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), UNLESS ITEMIZED	\$ <u>12,500.-</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>36,829.-</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>68,216.21</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.

RONALD P. GONZALES
ID #10520816
My Commission Expires
May 17, 2020

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 26th day of April, 2019, to certify which, witness my hand and seal of office.

Ronald P. Gonzales
Signature of officer administering oath

Ronald P. Gonzales
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME <i>DENNIS SHINGLETON</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>12,500.-</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>36,829.-</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:

10/4

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

4-8-19

5 Full name of contributor

Haydn H. Cutler, Jr.

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

2,500.

6 Contributor address;

3825 Camp Bowie Fort Worth TX 76107

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-8-19

Full name of contributor

Chris + Sally Gavras

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.

Contributor address;

1301 Throckmorton Apt 2105 Fort Worth TX 76102

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-8-19

Full name of contributor

Norma + Richard Roby

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.

Contributor address;

7578 Morrison Ct. Fort Worth TX 76112

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-8-19

Full name of contributor

Early + Merry Davis

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.

Contributor address;

6500 Snow Creek Rd Ft. Worth TX 76132

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 4

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

4-8-19

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

Preston + Beckie Geren

6 Contributor address; City; State; Zip Code

1200 Washington Terrace Ft. Worth, TX 76107

7 Amount of contribution (\$)

250.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-8-19

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

Vernell Sturns

Contributor address; City; State; Zip Code

612 Highwoods Tr. Ft. Worth TX 76112

Amount of contribution (\$)

50.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-8-19

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

John + Linda Maddux

Contributor address; City; State; Zip Code

2120 Ridgmar Blvd. #14 Ft. Worth TX 76116

Amount of contribution (\$)

500.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-8-19

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

L.O. Brightbill, III

Contributor address; City; State; Zip Code

8908 Crestwood Dr. Ft. Worth, TX 76179

Amount of contribution (\$)

100.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 4

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

4-8-19

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

L. Allen Hodges III

6 Contributor address; City; State; Zip Code

200 Indian Creek Ft. Worth, TX 76107

7 Amount of contribution (\$)

300.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-18-19

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

Douglas Johnson

Contributor address; City; State; Zip Code

4090 Deep Valley Dallas, TX 75244

Amount of contribution (\$)

500.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-18-19

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

Apartment Assoc. of Tarrant County PAC

Contributor address; City; State; Zip Code

6350 Baker Blvd, NRH TX 76118

Amount of contribution (\$)

2,500.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-18-19

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

Scott Noles

Contributor address; City; State; Zip Code

777 Taylor St. Ste 1126 Ft. Worth TX 76102

Amount of contribution (\$)

500.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 434
2 FILER NAME Dennis Singleton		3 Filer ID (Ethics Commission Filers)
4 Date 4/25/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greater Fort Worth Assn Realtors PAC	7 Amount of contribution (\$) \$ 4000.-
6 Contributor address; City; State; Zip Code 2650 PARKVIEW DR. FW 76102		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/25/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold & Harriette Gachman	Amount of contribution (\$) \$ 300.-
Contributor address; City; State; Zip Code 1229 Shady Oaks Ln. Fort Worth TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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: 1 of 5	2 FILER NAME Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
4 Date 4-8-19	5 Payee name Cheraya Pena	
6 Amount (\$) 700.	7 Payee address; City; State; Zip Code 5407 Collinwood Avenue Fort Worth, TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 4-12-19	Payee name BJ's Restaurants	
Amount (\$) 77.30	Payee address; City; State; Zip Code 9401 SageMeadow Trail Fortworth TX 76135	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage campaign event	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 4-12-19	Payee name USPS	
Amount (\$) 160.	Payee address; City; State; Zip Code 3101 W. 6th ST. Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Postage office overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete 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.

1 Total pages Schedule F1: 2 of 5	2 FILER NAME Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
4 Date 4-15-19	5 Payee name Sweet Frog	
6 Amount (\$) 195.66	7 Payee address; City; State; Zip Code 8825 Tehama Ridge Pkwy Ste 311 Fort Worth, TX 76177	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / beverage Campaign event	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 4-15-19	Payee name The Home Depot
Amount (\$) 45.23	Payee address; City; State; Zip Code 2013 Hwy 377 Keller, TX 76248
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) equipment expense
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 4-15-19	Payee name Michael McCluskey
Amount (\$) 300.	Payee address; City; State; Zip Code 3600 Alton Rd. Ft. Worth, TX 76109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries / wages Contract labor
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 5	2 FILER NAME Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
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4 Date 4-18-19	5 Payee name USPs
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6 Amount (\$) 35.	7 Payee address; City; State; Zip Code 3930 Telephone Rd Ft. Worth, TX 76135
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Postage office overhead	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-18-19	Payee name Staples
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Amount (\$) 40.52	Payee address; City; State; Zip Code 6313 LAKE WORTH Blvd. LAKE WORTH, TX 76135
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-19-19	Payee name PIZZA HOT
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Amount (\$) 241.58	Payee address; City; State; Zip Code Bailey Boswell Rd, Saginaw TX 76179
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food / beverage Campaign event	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 4 of 6	2 FILER NAME Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
4 Date 4-19-19	5 Payee name The Eppstein Group	
6 Amount (\$) 12,750.	7 Payee address; City; State; Zip Code 2830 S. Hulen St. #361 Fort Worth, TX 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Grassroot Activity Voter Contract Program	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4-19-19	Payee name The Eppstein Group	
Amount (\$) 2,327.38	Payee address; City; State; Zip Code 2830 S. Hulen St. #361 Fort Worth, TX 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing - Mailing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4-19-19	Payee name The Eppstein Group	
Amount (\$) 787.50	Payee address; City; State; Zip Code 2830 S. Hulen St. #361 Fort Worth, TX 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought 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: 5 of 6		2 FILER NAME DENNIS SHINGLETON		3 Filer ID (Ethics Commission Filers)	
4 Date 4-1-19		5 Payee name The Eppstein Group			
6 Amount (\$) 10,000.		7 Payee address; City; State; Zip Code 2830 S. Hulen St. #361, FT WORTH, TX 76109			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 4-1-19		Payee name The Eppstein Group			
Amount (\$) 1,897.86		Payee address; City; State; Zip Code 2830 S. Hulen St. #361, Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing & Mailing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 4-8-19		Payee name Pearl Snap Kolache			
Amount (\$) 131.75		Payee address; City; State; Zip Code 4006 White Settlement, Ft. Worth, TX 76107			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food - Beverage Campaign event		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.

1 Total pages Schedule F1: 6 of 6	2 FILER NAME Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
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4 Date 4-23-19	5 Payee name LISPS
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6 Amount (\$) 36.75	7 Payee address; City; State; Zip Code 3101 W. 6th St Fort Worth TX 76107
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Postage Stamps office overhead	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-24-19	Payee name EPPSTEIN GROUP
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Amount (\$) 7102.47	Payee address; City; State; Zip Code 2838 S. HALEN ST. FORT WORTH TX 76109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing & Mailing Services	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

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