

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

**CANDIDATE / OFFICEHOLDER
 CAMPAIGN FINANCE REPORT**

**FORM C/OH
 COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
 (Ethics Commission Filers)

2 Total pages filed: **1**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
DENNIS P
 NICKNAME LAST SUFFIX
SHINGLETON

OFFICE USE ONLY

Date Received



Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 470336
Fort Worth Tx 76147

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 236-7969

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
JOHN M
 NICKNAME LAST SUFFIX
STEVENSON

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
SUITE 3100 201 MAIN ST.
Fort Worth Tx 76102

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
()
817 - 390 - 8509

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 THROUGH Month Day Year
07 / 16 / 2012 THROUGH **01 / 15 / 2013**

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff General Special
 / /

12 OFFICE

OFFICE HELD (if any)
City Council
District 7

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME DENNIS P. SHINGLETON	15 ACCOUNT # (Ethics Commission Filers)
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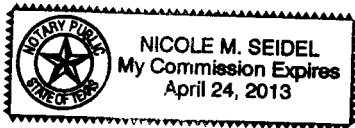
16 NOTICE FROM POLITICAL COMMITTEE(S)

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"/> additional pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>
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17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), 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>72.53</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ 1022.53 <u>1022.53</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2843.96</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>— 0 —</u>

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 14 day of January 2013, to certify which, witness my hand and seal of office.

Nicole M. Seidel

 Signature of officer administering oath

Nicole M. Seidel

 Printed name of officer administering oath

Mary

 Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>DENNIS P. SHINGLETON</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>7-20-12</i>	5 Payee name <i>SEN. JANE NELSON CAMPAIGN</i>
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6 Amount (\$) <i>\$150⁰⁰</i>	7 Payee address; City; State; Zip Code <i>PO Box 608 Grapevine TX 76099</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>campaign contribution</i>	(b) Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8-18-12</i>	Payee name <i>Jungus Jordan Campaign</i>
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Amount (\$) <i>\$200⁰⁰</i>	Payee address; City; State; Zip Code <i>5316 STARRY CRT FORT WORTH TX 76123</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Campaign Contribution</i>	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9-9-12</i>	Payee name <i>Congressman Roger Williams Campaign</i>
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Amount (\$) <i>\$150⁰⁰</i>	Payee address; City; State; Zip Code <i>PO Box 1504 Austin, TX 78767</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Campaign Contribution</i>	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-30-12</i>	Payee name <i>Gary FICKES Campaign</i>
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Amount (\$) <i>\$150⁰⁰</i>	Payee address; City; State; Zip Code <i>645 Grapevine Hwy Ste 6 Hurst TX 76054</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Campaign Contribution</i>	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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 PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10-30-12</i>	5 Payee name <i>Charley Geven Campaign</i>
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6 Amount (\$) <i>150.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1011 Roberts Cut Off River Oaks TX 76114</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Campaign Contribution</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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Date <i>10-30-12</i>	Payee name <i>Mary Louise Garcia Campaign</i>
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>PO Box 123362 Fort Worth TX 76121</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Campaign Contribution</i>	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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