# CANDIDATE / OFFICEHOLDER

# FORM C/OH COVER SHEET PG 1

	data //		
The C/OH Instruction	n Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  DENNIS  NICKNAME LAST  SHINGLETON	MI 	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address  5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CITY;  8600 CLOSSWIND DK.  FIRT WINTH TX  AREA CODE PHONE NUMBER (817) 236-7969	STATE; ZIP CODE  76179  EXTENSION	RECENTER AND PROGRAMMENT AND PROCESSES AND P
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  MR. JOHN  NICKNAME LAST  STEVENSON	MI 	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY: STATE: MAIN ST. 76/07	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 390 — 8509	EXTENSION	
9 REPORTTYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month By	2011
11 ELECTION	Month Day Year ELECTION TYPE  6 / 18 / 2011 Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known	al District 7
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITUR CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION  Name  Address / PO Box; Apt. / Suite #; City: State: Zip Code	RES MADE BY OTHERS WITHOUT THE N ONLY IF THEY RECEIVE NOTIFICATION	CANDIDATE'S PRIOR CONSENT OR APPROVAL.
additional pages	GO TO PAG	 E 2	
	22.31710		

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

FORM C/OH
COVER SHEET PG 2

					<del></del> =	
15 C/OH NAME	ENW13	P. S	HINGLET	ON	<b>16</b> ACC	COUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL	CANDIDATE / OFFICE	EHOLDER. THESE E	XPENDITURES MAY HAVE B	EEN MADE WITHOUT THE CA	ANDIDATE'S	LITICAL COMMITTEES TO SUPPORT THE OR OFFICEHOLDER'S KNOWLEDGE OR SEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NA	ME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS				
additional pages		COMMITTEE CAI	MPAIGN TREASURER NAM	ΛE		
		COMMITTEE CA	MPAIGN TREASURER AD	DRESS		
18 CONTRIBUTION TOTALS			TRIBUTIONS OF \$50 GUARANTEES OF LO			\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$ 17,628.13		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED			MIZED	\$	
	4. TOTAL POLITICAL EXPENDITURES					\$55,986-36
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD			DAY	\$ 5,600.—	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				THE	\$ 55,986.36 \$ 5,600.—
19 AFFIDAVIT	· · · · · · · · · · · · · · · · · · ·					
S S S S S S S S S S S S S S S S S S S	MARY ANN M. Notary Public, Sta My Commission October 13,	te of Texas	is true and		all informat	that the accompanying report tion required to be reported by  Officeholder
AFFIX NOTARY STAME	P / SEAL ABOVE					
Sworn to and subs						this the
Marylan	Means Bro	non Ma	aryAnn Mear	is Brown	Note	un Public
Signature of officer admin	istering oath	Printed n	ame of officer adminis	tering oath	Title	of officer administering oath

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The	Instruction Guide explains how to complete the	is form.	1 Total pages Sch	nedule A:
2 FILER NAME	DENNIS P. SHINGLE	TON	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 6/9/11	5 Full name of contributor out-of-state PAC (ID#_  JAMES SCHELL  6 Contributor address; City; State; Zip Code  901 FONT WONTH CLL	13 13L136	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	FT. WONTH TX 70	6102	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	·	
Date 6/9/11	Full name of contributor out-of-state PAC (ID#_FT2 WONTH RETITED FTACOME)  Contributor address; City; State; Zip Code  [6/7 TIERNEY A)		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occur	pation / Job title (See Instructions)	76/12		of Texas, complete Schedule T)
- Timopar occup	pation 7 300 title (See Instructions)	Employer (See I	nstructions)	
Date 6/11/11	Full name of contributor out-of-state PAC (ID#_  J. MARK + P. J. BROW  Contributor address; City; State; Zip Code  9013 CROSSWIND BR.  FORT WOLTH TX		Amount of contribution (\$)  \$\frac{4}{100}\$  (If travel outside of the contribution of	In-kind contribution description (if applicable)  of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		revas, complete scriedule 1)
Date 6/11/11	Full name of contributor out-of-state PAC (ID#_  R. G. BOLEN  Contributor address; City; State; Zip Code  4213 CANDLEWIND CA  FORT WORTH TX	1	Amount of contribution (\$)	In-kind contribution description (if applicable)  f Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In		, samples solution ,
Date 6/11/11	Full name of contributor out-of-state PAC (ID#_  JON ED FRANKIE  Contributor address; City; State; Zip Code  ARKESISE TX 761		Amount of contribution (\$)	In-kind contribution description (if applicable) f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		

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

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Sch	nedule A:
2 FILER NAM	E		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 6//////	5 Full name of contributor out-of-state PAC (ID#_  JIM OLIVER2  6 Contributor address; City; State; Zip Code  2600 W. 74 St. #2		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	FORT WORTH TX 76			of Texas, complete Schedule T)
9 Principal occ	supation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date 6/11/1,	Full name of contributor Out-of-state PAC (ID#)  FOLT WOUTH POH  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	904 COLLIER ST.	76/02	(If travel outside	of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See	e Instructions)	
Date 6/11/1.		- CAMPAIG	Amount of contribution (\$)	In-kind contribution description (if applicable)
117/11	Contributor address; City; State; Zip Code 777 TAYLOL ST. SUITE	E 1030	\$500°	] 
	FORT WONTH TX	6102	(If travel outside	     of Texas, complete Schedule T)
Principal occ			(If travel outside	     of Texas, complete Schedule T)
Principal occ	FORT WONTH TX	Employer (See	(If travel outside	of Texas, complete Schedule T)  In-kind contribution description (if applicable)
	FORT WONTH TX  upation / Job title (See Instructions)  Full name of contributor □ out-of-state PAC (ID#_  UNSERVATIVE VOTERS FOR  Contributor address; City; State; Zip Code  350/ ELM CREEK CO	Employer (See	(If travel outside a Instructions)  Amount of contribution (\$)	In-kind contribution description (if applicable)
Date 6/14/11	FORT WONTH TX  upation / Job title (See Instructions)  Full name of contributor □ out-of-state PAC (ID#_  UNSERVATIVE VOTERS FOR  Contributor address; City; State; Zip Code  350/ ELM CREEK CO	Employer (See	(If travel outside a Instructions)  Amount of contribution (\$)  (If travel outside of the contribution of	In-kind contribution
Date 6/14/11	FUII name of contributor   out-of-state PAC (ID#_ LONSELVATIVE VOTEKS FOR Contributor address; City; State; Zip Code 350/ ELM CREEK COM FORT WORTH TX 75  upation / Job title (See Instructions)  Full name of contributor   out-of-state PAC (ID#_ MICHAEL J. MALLICK	Employer (See	(If travel outside a Instructions)  Amount of contribution (\$)  (If travel outside of the contribution of	In-kind contribution description (if applicable)
Date 6//4/// Principal occur	Full name of contributor   out-of-state PAC (ID#:  LONSELVATIVE VOTERS FOR  Contributor address; City; State; Zip Code  350/ ELM CREEK COM  FORT WORTH TX  upation / Job title (See Instructions)	Employer (See	(If travel outside a Instructions)  Amount of contribution (\$)  (If travel outside of contributions)  Amount of contribution (\$)  Amount of contribution (\$)	In-kind contribution description (if applicable)  of Texas, complete Schedule T)  In-kind contribution

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

### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME DENNIS SHINGLETON	3 ACCOUNT # (Ethics Commission Filers)
4 Date  5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)  ### Contribution (\$) 8 In-kind contribution description (if applicable)  ### Contribution (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See	Instructions)
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$) description (if applicable)
SOI CHERRY FORT WUNTH TX 76 102	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	instructions)
Date  Full name of contributor  out-of-state PAC (ID#)  Contributor address; City; State; Zip Code  Contributor address; STE 901	Amount of contribution (\$) In-kind contribution description (if applicable)
FORT WORTH TX 76102	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Date  Full name of contributor out-of-state PAC (ID#)  JAMES R. TBAL  Contributor address; City; State; Zip Code  34/ NULSBAY LN  FOLT WOUTH TX 76/14	Amount of contribution (\$) In-kind contribution description (if applicable)  ### (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Date Full name of contributor out-of-state PAC(ID#  FW FIREPIGHTELLS CATTE FOR RESP. GOV  Contributor address; City; State; Zip Code  3855 TULSA WAY  FORT WOUTH TX 76/07	Amount of contribution (\$) In-kind contribution description (if applicable)  CAMPA16 N  MAILING
Principal occupation / Job title (See Instructions)  Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### **POLITICAL EXPENDITURES**

# SCHEDULE F

	EXPENDITU	RE CATEGORIES	FOR BOY 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/C	ontract Labor Lo	oan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundra	aising Expense Ti	ransportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		ontributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of Dis		Candidate/Officeholder/Political Committee
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Fees	Printing Expense	Office Overhead/F	Rental Expense O	THER (enter a category not listed above)
	The Instruction Gu	ide explains how to	complete this form	
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#### **POLITICAL EXPENDITURES**

#### SCHEDULE F

	V 1.0.00				
	EXPENDITURE C	ATEGODIES E	OR BOY 9(a)		
Advertising E				- B	
Advertising Expense		alaries/Wages/Cont	_	n Repayment/Reimbursement	
Accounting/Banking		olicitation/Fundraisi	•	nsportation Equipment & Related Expens	se .
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Event Expense	•	ravel Out Of Distric		Candidate/Officeholder/Political Commit	tee
Fees	Printing Expense O	ffice Overhead/Ren	ntal Expense OTI	HER (enter a category not listed above)	
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