CAMPAIGN L	POFFICE	HOLDER
CAMPAIGN'	INANCE	REPORT

FORM C/OH COVER SHEET PG 1

- 1101111,			
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDEF NAME	MS/MRS/MR FIRST DENNIS NICKNAME LAST SHINGLETON	SUFFIX	OFFICE USE ONLY Date Broads A SECENCED AND AND AND AND AND AND AND AND AND AN
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / POBOX; APT / SUITE #: CIT		JUL 17 2012 Date Hand-delivered or Postmärked
5 CANDIDATE/ OFFICEHOLDER PHONE	FORT (NOWTH T) AREA CODE PHONE NUMBER (817) 236 · 796	EXTENSION	Receipt #* Amount Park IAN IAN
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST JOHN NICKNAME LAST STEVENSON	MI M SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE	201 MAIN ST.	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER () 817 - 390 - \$509	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	H 07/15/	Year / 20 / 2
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Printary	Runoff	General Special
12 OFFICE	OFFICE HELD (If arry) Cry Council JUST. 7	13 OFFICE SOUGHT (if known)	
	GO TO PA	AGE 2	

www ethics state tx us

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ENNIS I	P. SHINGLETON	15 ACCOUNT # (Éthics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	ITICAL CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S CO. OFFICENCE OF THE CANDIDATE'S CO.			
	COMMITTEE TYPE	COMMITTEE NAME	-	
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	I. IOTAL PORTICAL CONTRIBUTIONS OF \$50 OR LEGG (OTHER THAN			
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		теміzеd \$ 88. —	
	4. TOTAL POLITICAL EXPENDITURES \$ 13,000.34			
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES \$ 13,890.3 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 3,866.4			
OUTSTANDING LOAN TOTALS	6. TOTAL PI LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS 7 OF THE REPORTING PERIOD		
18 AFFIDAVIT				
	NICOLE M. SEID My Commission Ex April 24, 2013	is true and correct and include me under Title 15, Election Co	ty of perjury, that the accompanying report is all information required to be reported by ide.	
AFFIX NOTARY STAMP				
Sworn to and subsc	of <u>JUU</u>	e, by the said <u>HMMIS SNIM</u> 20 17 , to certify which, witnes	s my hand and seal of office.	
ap direct the or almore	ind of	Fronted Survey of officer administering dath	Little of citible of addraining being out in	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

	e Instruction Guide explains how to comple	ete this form.	1 Total pages Sch	nedule A:
FILER NAM	E		3 ACCOUNT # /F	thics Commission Filers)
	DENNIS P. SHING	LETON	J ACCOUNT# (E	cuics Commission Filers)
Date	5 Full name of contributor out-of-state P/	AC (ID#:	7 Amount of	8 In-kind contribution
dula	Fort Work Firefallus for 6 Contributor address; City, State, Zip	Resp. Govt.	contribution (\$)	description (if applicabl
116 112	3855 Tusa way		2,500.	!
	tort work 1x	76107	(If travel outside	l of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	10 Employer (S	See Instructions)	or lexas, complete scriedule ()
Date	Full name of contributor ut-of-state P/	AC (ID#:	_) Amount of	In-kind contribution
100/	ANNE ! ROBERT B	136	contribution (\$)	description (if applicable
122/12	Contributor address; City; State; Zip	Code	1 00	
/ //~	201 MAIN ST.		3000	
	FORT WONTH TX	76112	(15.45	.
Principal occu	pation / Job title (See Instructions)	Employer (S	ee Instructions)	f Texas, complete Schedule T)
			,	
Date	Full name of contributor out-of-state PA	C (ID#:	Amount of	In-kind contribution
10-1	EDWARD P. BASS		contribution (\$)	description (if applicable
13/12	Contributor address; City; State; Zip	Code 2700	\$2000°	
	Fort Work Tx 761		OUT -	FTower countries O. I. d. To
Principal occu		02	(If travel outside o	f Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (Se	ee Instructions)	f Texas, complete Schedule T)
Principal occu	Fort Worth Tx 761	Employer (Se	Amount of	In-kind contribution
	pation / Job title (See Instructions) Full name of contributor out-of-state PAC TAYLOR SHIRLES G	Employer (Se	ee Instructions)	
	pation / Job title (See Instructions)	Employer (Se	Amount of	In-kind contribution
	pation / Job title (See Instructions) Full name of contributor out-of-state PAC TAYLOR SHIRLES G Contributor address; City; State; Zip of the contributor address.	Employer (Se	Amount of contribution (\$)	In-kind contribution description (if applicable
Date / 26/12	pation / Job title (See Instructions) Full name of contributor out-of-state PAC TAYLOR SHIRLEE G Contributor address; City; State; Zip of the contributor address; City; C	Employer (Se	Amount of contribution (\$) #500 (If travel outside of	In-kind contribution
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Date 26/12 Principal occup	pation / Job title (See Instructions) Full name of contributor out-of-state PAC TAYLOR SHIRLEE G Contributor address; City; State; Zip of the contributo	Employer (Se	Amount of contribution (\$) \$500.** (If travel outside of the Instructions)	In-kind contribution description (if applicable Texas, complete Schedule T)
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Principal occup	pation / Job title (See Instructions) Full name of contributor	Employer (Se	Amount of contribution (\$) (If travel outside of contribution (\$) Amount of contribution (\$)	In-kind contribution description (if applicable Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS	(312) 400	SCHEDULE A
Tł	ne Instruction Guide explains how to complete th	is form.	1 Total pages Sc	hedule A:
2 FILER NAM	Е		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#			
2/12/	JAMES CHARLOTTE F 6 Contributor address; City; State; Zip Code 1308 LAKE ST.	INLEY	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1"/12			\$500	!
9 Principal occ	upation / Job title (See Instructions)	6102		of Texas, complete Schedule T)
J Timolpai occ	upation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date 3	Full name of contributor out-of-state PAC (ID#_	* Saupson	Amount of contribution (\$)	In-kind contribution description (if applicable)
0//3//2	Contributor address; City; State; Zip Code PO BOX 17428 Austin, Tx 78760		\$2000:-	
Principal occi	upation / Job title (See Instructions)	Employer (See	(If travel outside of Instructions)	of Texas, complete Schedule T)
3/28/12	Full name of contributor out-of-state PAC (ID#_ CHARLES & LINDA GROW Contributor address; City; State; Zip Code HAPO LANSINE CIRCLE FONT WATH TX		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
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Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If trough subside 5	T
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		Texas, complete Schedule T)
lf c	ATTACH ADDITIONAL COPIES OF ontributor is out-of-state PAC, please see instru	THIS SCHEDULE A	AS NEEDED tional reporting re	equirements.

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITI	JRE CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense				
Accounting/Banking	Legal Services			Loan Repayment/R	
Consulting Expense	Food/Beverage Expense	Solicitation/Fundra	aising Expense		pment & Related Expense
Event Expense		Travel In District		Contributions/Donat	ions Made By
Fees	Polling Expense	Travel Out Of Dist			holder/Political Committee
1 665	Printing Expense	Office Overhead/R			legory not listed above)
	The Instruction G	uide explains how to	complete this for	m.	
1 Total pages Schedule F:	2 FILER NAME				
7	A	C_{1}		3 ACCOUNT	# (Ethics Commission Filers)
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4 Date /	5 Payee name				
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1/01/12	IHE ELECT	ON GROUT	~		
6 Amount (\$)	7 Payee address/ City:	State; Zip Code			
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8 PURPOSE	(a) Category (See categories listed at the	ne top of this schedule)	(b) Description ((If travel outside of Texas	, complete Schedule T)
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EXPENDITURE	IMSU ITING	100			
O Complete ONLY if dis	Candidate / Office older na		0.00		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		ine	Office sought	Į.	Office held
experientale to belieff C/C	<i>/</i> F1				
Dut					
Date	Payee name				
1/10/12	US MSTAI	JEKVIC	17		
Amount (\$)	Down and advisors and Oil				
Amount (\$)	Payer address; City;	State; Zip Code			
4	ARLINGTON	2/200			
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PURPOSE	Category (See categories listed at the				
OF	Category (See categories listed at the	e top or this schedule)	Description (If travel outside of Texas,	complete Schedule T)
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	post office	DOX			
Complete ONLY if direct	 Candidate / Officeholder nar 	me	Office sought		Office held
expenditure to benefit C/O	Н				
Date /	Payee nathe				
1/24/15	1-11-11-	(/		
101/10	DENNIS .	JHING LE			
Amount (\$)	Payee address; City;	State; Zip Code			
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2000 -	The black	مبيب مي	74170		
	TUNI WOLL	/ <i>T</i> / X	76179		
PURPOSE	Category (See categories listed at the	e top of this schedule)	Description (ii	f travel outside of Texas,	complete Schedule T)
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EXPENDITURE	loan repayme	ICT			
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expenditure to benefit C/O	.n				
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Date	Payee name)			
1/21/12	-SUADAN FOIR	ne Fear	IVAL		
A			VIFL		
Allouir (5)	Payee address: City:	State; Zip Code			
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•	-toAT WOAT	# /ex A	S		
PURPOSE	Calegory (See categories listed at the	top of this gabantista	Describe		
OF	Category (See categories listed at the	top or this schedule)	Description (if	travel outside of Texas. o	complete Schedule T)
EXPENDITURE	/hna hm				
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and merid tilling to the section of	j -4		,		
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	ATTACH ADDITIONAL	COPIES OF THIS SO	CHEDULE AS NI	EEDED	1

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			
Consulting Expense	Food/Beverage Expense	Travel In District	xpense Transportation Equipment & Related Expense Contributions/Donations Made By		
Event Expense	Polling Expense Travel Out Of District		Candidate/Officeholder/Political Committee		
Fees	Printing Expense Office Overhead/Rental		OTHER (enter a category not listed above)		
	The Instruction Guide	e explains how to complete this fo	orm.		
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
2	DENNIS ~	HANGLETON	ACCOUNT # (Ethics Commission Filers)		
4 Date /	5 Payee name	TITIOS CET OF O			
4/23/12	KAU GIMMORY	Campaign Fund	×.		
6 Amount (\$)	7 Payee address; City: St.	ate; Zie Code			
- Au)	, , ,				
\$ 150.	FORT WOR	ery Tx 76.	179		
B PURPOSE	(a) Category (See categories listed at the top				
OF	A San (case sure genree motor dit into to)	(b) Description	(If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Lambara Don	ation			
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expenditure to benefit C/0	ОН	Office sough	office held		
5/15/12	Payee name	Kall Campaine	Fund		
Amount (\$)	Payee address; City; Sta	son canjerga	TUNI		
γ υποσικ (φ) -Δ ΔΔ	Payee address, City; Sta	ate; Zip Code			
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EXPENDITURE	laupaign Dona	1208			
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שון כון כ	DETSY PRICE	Campuga to	Mayor		
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EXPENDITURE	CAMPASA DONA	ron			
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expenditure to benefit C/OI	- ·	J.m. J.	Office field		
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DUBBOSE	Category (See astro				
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EXPENDITURE					
		: 1			
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