	TE / OFFICEHOLDER N FINANCE REPORT	COVER SHEEL PG 1
The C/OH Instruction G	uide explains how to complete this form.	rilers 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI MR. DENNIS P NICKNAME LAST SUFFIX SHINGLETON	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/ OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP COD PO TBOX 410336 FORT WORTH TX 76147 AREA CODE PHONE NUMBER EXTENSION (817) 236-7969	JAN 1 4 2020
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI MAR DEE NICKNAME LAST SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; 201 MAIN ST SLITE Z FORT WORTH TX 71	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (8/17) 332-2500	
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only) limit Final Report (Attach C/OH - FR)
10 PERIOD COVERED		Nonth Day Year 2/31/2019
11 ELECTION	ELECTION DATE ELECTION Month Day Year 5/4/19 General Special	
12 OFFICE	OFFICE HELD (IT any) CITY COUNCIL #7 FORT WORTH TX 13 OFFICE SOUGHT (IT FORT WORTH TX	if known)
	GO TO PAGE 2	

Forms provided by Texas Ethics Commission

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ENNIS	SHINGLETON	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	INTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE V DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH URES.	NTHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	1AN \$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ -0-
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4851.53
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	\$ 4851.53 DAY \$ 4935.21
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$
	D P. GONZALES		perjury, that the accompanying report is formation required to be reported by me
ID ID	#10520616		

Signature of Gandidate or Officeholder

May 17, 2020 STAMP / SEALABOVE ennis Sworn to and subscribed before me, by the said day to certify which, witness my hand and seal of office. Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath

Commission Expires

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

Guineral	20 Filer ID (Ethics Cor	mmission Filers)
SHINGLETON		
		SUBTOTAL AMOUNT
MONETARY POLITICAL CONTRIBUTIONS		\$-0-
NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
PLEDGED CONTRIBUTIONS		\$
COANS		\$
POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 4857.5
UNPAID INCURRED OBLIGATIONS		\$
PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
EXPENDITURES MADE BY CREDIT CARD		\$
POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$
PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
ON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	INTRIBUTIONS	\$
INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	IONS RETURNED	\$
	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS PLEDGED CONTRIBUTIONS COANS POLITICAL EXPENDITURES MADE FROM POLITICAL CO UNPAID INCURRED OBLIGATIONS PURCHASE OF INVESTMENTS MADE FROM POLITICAL EXPENDITURES MADE BY CREDIT CARD POLITICAL EXPENDITURES MADE FROM PERSONAL FUR PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A DN-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	SHINGLETON MONETARY POLITICAL CONTRIBUTIONS NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS PLEDGED CONTRIBUTIONS OANS POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS UNPAID INCURRED OBLIGATIONS PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS EXPENDITURES MADE BY CREDIT CARD POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS EXPENDITURES MADE FROM PERSONAL FUNDS POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH DN-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

	MONET	ARY POLITICAL CONTRI	SCHEDULE A1	
	The	nstruction Guide explains how to complete this	1 Total pages Schedule A1:	
2	FILER NAME	DENNIS SHINGLET	3 Filer ID (Ethics Commission Filers)	
4	Date	5 Full name of contributor Out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
		6 Contributor address; City;		
8	Principal occur	ation / Job title (See Instructions)	9 Employer (See Instruct	tions)
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address; City;		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
		ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		

l

SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office O Food/Beverage Expense Polling E By Gift/Awards/Memonals Expense Printing	payment/Reimbursement verhead/Rental Expense Expense Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME DENNIS SHINGLE	TON	3 Filer ID (Ethics Commission Filers)
Date 7-15-19	5 Payee name SHOFUR		
7-15-19 Amount (\$)	7 Payee address;	City;	State; Zip Code
-580	ATLANTA. GA	30326	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRANSPORTATION - CHARTER DONATION	(b) Description BUS TR KIDS	IP - FORTRESS
Complete <u>ONLY</u> if direct expenditure to benefit C/O	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name H	Check if Aust	in, TX, officeholder living expense Office held
Date 7-22-19 Amount (\$)	Payee name CHICK - FIL - A Payee address;	City;	State; Zip Code
	I take trans Draw		AAAAAAAAAAAAA
490.37	LAKE WOLTH BLUD LAKE WOLTH TX	RTE 1 98245	49
PURPOSE OF EXPENDITURE		98245 Description	·
OF	LAKE WOLTH TX Category (See Categories listed at the top of this schedule)	98245 Description LUNCH -	
OF EXPENDITURE	LAKE WOLTH TX Category (See Categories listed at the top of this schedule) FOOS/BEU DOWATTON FOOS/BEU Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	98245 Description LUNCH -	FARTRESS KIDS
OF EXPENDITURE	LAKE WOLTH TX Category (See Categories listed at the top of this schedule) DOWATTON FOOS/BEU Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Payee name	982445 Description LUNCH -	in, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date	LAKE WOLTH TX Category (See Categories listed at the top of this schedule) DOWATION FOON/IBEU Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	982445 Description LUNCH -	in, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OI Date	LAKE WOLTH TX Category (See Categories listed at the top of this schedule) DOWATTON FOOS/BEU Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Payee name	982445 Description LUNCH - Check if Aust Office sought	in, TX, officeholder living expense Office held
OF EXPENDITURE	LAKE WOLTH TX Category (See Categories listed at the top of this schedule) DawAttaw FOOS/BEU DawAttaw FOOS/BEU Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee name Payee address;	98245 Description LUNCH Check if Aust Office sought AFOOD City; LOALTH Description	in, TX, officeholder living expense Office held
OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OI Date 7-29-/9 Amount (\$) * 159.82 PURPOSE OF	LAKE WOLTH TX Category (See Categories listed at the top of this schedule) DowAttan FOOS/BEU DowAttan FOOS/BEU Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address; 27.08 DEST FWY FORT FWY Category (See Categories listed at the top of this schedule)	98245 Description LUNCH Check if Aust Office sought AFOODS City; LOATH Description SEMIOL	FARTRESS KIDS in, TX, officeholder living expense Office held State; Zip Code 76/02

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SCHEDULE F1

			DE CATECODIE			
		EXPENDITUR	E CATEGORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials I Legal Services The Instruction Gu	Office C Polling Expense Printing Salaries	apayment/Reimbursement Overhead/Rental Expense Expense Expense a/Wages/Contract Labor o complete this form.	Travel In District Travel Out Of Distr	ipment & Related Expense
1 Total pages Schedule F1:	2 FILER NA	ENNIS	SHING	LETON	3 Filer ID (Ethi	cs Commission Filers)
4 Date 8-12-19	5 Payee na		ROEGE		L	
6 Amount (\$) * 250. —	7 Payee ad				State; 44	Zip Code
B PURPOSE OF EXPENDITURE		y(See Categories listed at れていい	the top of this schedule)	(b) Description	LIBRAN	ey GARAGE
	(c)	Check if travel outside of Tex	as. Complete Schedule T.	Check if Aus	tin, TX, officeholder livin	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder na	me	Office sought		Office held
Date	Payee na	me				
8-15-19		FAMILIA	MEXICA	W RESTAU	RANT	
8-15-19 Amount (\$) \$43.59	A -	dress;		City:	State;	Zip Code
Amount (\$)	A - Payee ad 8441 7 Category	dress;	Four he top of this schedule)	City;	State;	
Amount (\$) 43.59 PURPOSE OF	A - Payee ad 8441 7 Category	Idress; FOCH ST. (See Categories listed at t	FOLT he top of this schedule)	City;	State;	7
Amount (\$) 43.59 PURPOSE OF	LA - Payee ad S441 ; Category Faos	Idress; FOCH ST. (See Categories listed at t BEVERAG	FOLT he top of this schedule) SE as. Complete Schedule T.	City;	State;	7
Amount (\$) 43.59 PURPOSE OF EXPENDITURE Complete ONLY if direct	LA - Payee ad S441 ; Category Faos : Candida	Idress; FOCH ST. (See Categories listed at the BEVERAG Check if travel outside of Tex. ate / Officeholder nam	FOLT he top of this schedule) if E as. Complete Schedule T. me	City;	State;	7 ng expense Office held
Amount (\$) 4 4 4 3.59 PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OF	LA - Payee ad S441 ; Category Faos : Candida	Idress; FOCH ST. (See Categories listed at the BEVERAG Check if travel outside of Tex. ate / Officeholder nam	FOLT he top of this schedule) if E as. Complete Schedule T. me	City;	State;	7 ng expense Office held
Amount (\$) 43.59 PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OF Date	LA - Payee ad S441 ; Category Faos : Candida	Idress; FOCH ST. (See Categories listed at the BEVERAG Check if travel outside of Tex. ate / Officeholder nam	FOLT he top of this schedule) if E as. Complete Schedule T. me	City;	State;	7 ng expense Office held
Amount (\$) + 4/3.59 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 8-18-19 Amount (\$)	Payee ad S44/ 7 Category FOOD Candida H Payee na Payee ad Payee ad Payee ad Payee ad Payee ad Category	Idress; FOCH ST. (See Categories listed at the BEVERAG Check if travel outside of Tex. ate / Officeholder nam	FOLT he top of this schedule) E as. Complete Schedule T. me BBEAS INIVELSIT FOLT he top of this schedule)	City;	State;	7 ng expense Office held
Amount (\$) 4/3.59 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 8-28-19 Amount (\$) 1/9.0/ PURPOSE OF	Payee ad S44/ 7 Category FOOD Candida H Payee na Payee ad Payee ad Payee ad Payee ad Payee ad Category	Idress; Fach Sr. (See Categories listed at the BEVERAG Check if travel outside of Text atte / Officeholder name IEEA 73 Idress; Soutth C (See Categories listed at the	FOLT he top of this schedule) SE as. Complete Schedule T. me BREAS INIVELSIT FOLT he top of this schedule) AGE	City; Description Check if Aus Office sought City; City; Description	State;	7 ng expense Office held Zip Code

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SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Ex By Gift/Awards/Memorials Expense Printing E	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME DENNIS SHINGLE	STON	3 Filer ID (Ethics Commission Filers)
Date 8-30-19	5 Payee name MICHAEL'S RESTAU		
Amount (\$) 54.65	7 Payee address; 3413 W. 7# Sr. FART WALTH	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD - REVEAAGE	(b) Description	
Complete <u>QNLY</u> if direct expenditure to benefit C/O	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	in, TX, officeholder living expense Office held
Dette	Payee name		
9-13-19	KIMBELL ART MU		
Date 9-13-19 Arnount (\$) 270	KIMBELL ART MU Payee address; 3333 CAMP BOWIE B	LVD City;	State; Zip Code
9-13-19 Amount (\$)	KIMBELL ART MU Payee address; 3333 CAMP BOWIE B	LVD City;	
9-13-19 Amount (\$) 270 PURPOSE OF	KIMBELL ART MU Payee address; 3333 CAMA BOWIE B FORT Category (See Categories listed at the top of this schedule)	City; WOLTH 7 Description	
9-13-19 Amount (\$) 270 PURPOSE OF EXPENDITURE	KIMBELL ART Mul Payee address; 3333 CAMA BOWIE B 3333 CAMA BOWIE B FORT Category (See Categories listed at the top of this schedule) Fort Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categor	City; WOLTH 7 Description	Tx 76107
9-13-19 Amount (\$) 270 PURPOSE OF EXPENDITURE	KIMBELL ART Mul Payee address; 3333 CAMA BOWIE B 3333 CAMA BOWIE B FORT Category (See Categories listed at the top of this schedule) Fort Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categor	City; WONTH 7 Description	in, TX, officeholder living expense
9-13-19 Amount (\$) 270 PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OI Date	KIMBELL ALT Mul Payee address; 3333 CAMPA BOWIE B 3333 CAMPA BOWIE B Font Category (See Categories listed at the top of this schedule) Gona trón Category (See Categories listed at the top of this schedule) Gona trón Category (See Categories listed at the top of this schedule) Category Category (See Categories listed at the top of this schedule) Category Category (See Categories listed at the top of this schedule) Category Category (See Categories listed at the top of this schedule) Category Category (See Categories listed at the top of this schedule) Category Category (See Categories listed at the top of this schedule) Category Category (See Categories listed at the top of this schedule) Category Category (See Categories listed at the top of this schedule) Category Category (See Categories listed at the top of this schedule) Category Category (See Categories listed at the top of this schedule) Category Category (See Categories listed at the top of this schedule) Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Categories listed at the t	City;	in, TX, officeholder living expense Office held State; Zip Code
9-13-19 Amount (\$) 270 PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OI Date 9-17-19	KIMBELL ART Multiple Payee address; 3333 CAMA BOWIE B 3333 CAMA BOWIE B FORT Category (See Categories listed at the top of this schedule) Fort domation Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name LUICILES Restraum	City;	in, TX, officeholder living expense Office held State; Zip Code
Amount (\$) Amount (\$) 270 PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OI Date <i>A</i> -17-19 Amount (\$) <i>TD</i> .24 PURPOSE OF	KIMBGUL ART MU Payee address; 3333 UAMA BOWIE B FOAT Category (See Categories listed at the top of this schedule) domatrion Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name LUCILES Restrautor Payee address; 4700 CAMA BOWIE F Category (See Categories listed at the top of this schedule)	City; Check if Aust Office sought City; City; City; Description	in, TX, officeholder living expense Office held State; Zip Code

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SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	and an
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME DENNIS SHINGL		3 Filer ID (Ethics Commission Filers)
Date 10 /3 /19	5 Payee name	4 FOOD	
Amount (\$) \$47.13	7 Payee address; 2708 WEST FREE FONT WO	WAY City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10 / 8 / 19	Payee name	CHOOL	
Amount (\$)	Payee address; 3304 DRYDEN ROA FORT WON	City; D TH TX	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/16/19	Payee name Somino's Pizza		
Amount (\$) \$ \$\29.90	Payee address; 900 Henderson F.	City; FONT WORT	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description FWPD	ГН ТХ 76102 WATCH
	Check if travel outside of Texas. Complete Schedule T.	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	S SCHEDULE AS NEEL	DED

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SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense	erhead/Rental Expense Transportation rpense Travel In Dist ixpense Travel Out Of Nages/Contract Labor Other (enter a	
1 Total pages Schedule F1:	2 FILER NAME DENNIS SHINGLE	FTON 3 Filer ID	(Ethics Commission Filers)
4 Date 11/20/19	5 Pavee name	BUND - FW	
6 Amount (\$)	7 Payee address; 912 W. BROADWAY	AVE FOAT WARTH T	te; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	Office held
Date 11/20/19	Payee name JORDAN HARRIS - TO	WIN DATTION	
Amount (\$) 500. –	Payee address; 2830 S. Hulen St. +	City; Star	te; Zip Code 76/09
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehold	er living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/6/19	Payee name LIS POSTAL SERVICE	-	
Amount (\$) 296. –	Payee address; W. 643 St. 3101 W. 643 St. Front	City; Stat	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office overhead - Jantal	Post office be	ox rental
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholde	er 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	

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Revised 9/26/2019

SCHEDULE F1

	EXPENDITURE CATEGORIES F	OR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp y Gift/Awards/Memorials Expense Printing Exp	vense Travel Out Of District ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Dennis Ringlet	3 Filer ID (Ethics Commission Filers)
⁴ Date /12/11/19	5 Payee name Northeast Tarrant	Lions Club
90	7 Payee address; Po Box 1366	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description 6 Passes - Kids
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 12/18/19	Payee name Luciles Restauron	nt
Amount (\$) 55.31	4700 Camp Bowle Fort Work	Blud. H Tx 76107
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) 4000 - DOVOIDGP LYPIUSE	Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held
Date 12/20/19	Payee name Niles City Hall	
Amount (\$) 7,253	Niles City Hall Payee address; 121 E. Exchange Au	City; State; Zip Code He Fort WOOKL TX 76164
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

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SCHEDULE F1

	EXPENDITURE CATEGOR	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Print	e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Dther (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME DENNIS Shing	leton 3	Filer ID (Ethics Commission Filers)
4 Date 12/31/19	5 Payee name		
6 Amount (\$) #142.51	7 Payee address; 63/3 Kake Work Lake W	13/Vd. Dorth Tx 76	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu Office Overhead (c) Check if travel outside of Texas. Complete Schedule		TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	e) Description	
	Check if travel outside of Texas. Complete Schedule	T. 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	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	e) Description	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NEED	ED