

OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TX

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**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:

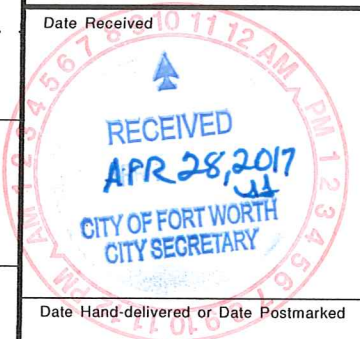
13

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 P.O. BOX 470336  
 FORT WORTH, TX 76147

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (817) 236-7969

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
 MR. DEE  
 NICKNAME LAST SUFFIX  
 KELLY, JR.

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 201 MAIN STREET, STE 2500  
 FORT WORTH, TX 76102

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (817) 332-2500

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    Month Day Year  
 4 / 1 / 17    THROUGH    4 / 28 / 17

11 ELECTION

ELECTION DATE    ELECTION TYPE  
 Month Day Year     Primary     Runoff     Other Description  
 5 / 6 / 17     General     Special

12 OFFICE

OFFICE HELD (if any)  
 CITY COUNCIL  
 FORT WORTH DIST. 7

13 OFFICE SOUGHT (if known)  
 CITY COUNCIL  
 FORT WORTH DIST. 7

**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

<b>17</b> CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,250.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 32,074.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 122,589.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

**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 Shingleton*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dennis Shingleton, this the 28<sup>th</sup> day of April, 20 17, to certify which, witness my hand and seal of office.

*Allison Tidwell*  
Signature of officer administering oath

Allison Tidwell  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# SUBTOTALS - C/OH

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

<b>19</b> FILER NAME		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,250
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ -0-
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 32,074.72
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:  
**1076**

2 FILER NAME **DENNIS SHINGLETON** 3 Filer ID (Ethics Commission Filers)

4 Date <b>4/17/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARY CARTER LEWELLYN</b>	7 Amount of contribution (\$) <b>\$ 200.00</b>
6 Contributor address; City; State; Zip Code <b>3535 W. 7th STREET FORT WORTH, TX 76107</b>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <b>4/17/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JO HICKMAN</b>	Amount of contribution (\$) <b>\$ 250.00</b>
Contributor address; City; State; Zip Code <b>2105 FOUNTAIN SQUARE DR. FORT WORTH, TX 76107</b>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>4/17/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAMES RAY</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Contributor address; City; State; Zip Code <b>PO BOX 150950 FORT WORTH, TX 76108</b>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>4/17/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID PETTIT</b>	Amount of contribution (\$) <b>\$ 250.00</b>
Contributor address; City; State; Zip Code <b>1201 CLOVER LANE FORT WORTH, TX 76107</b>		

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: <i>2 of 6</i>
2 FILER NAME <i>DENNIS STANCLINGTON</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7/17/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARGARET &amp; JAMES DEMOSS</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>
6 Contributor address; City; State; Zip Code <i>2600 W. 7th STREET FORT WORTH, TX 76107</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>7/17/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>P. MICHAEL PECK</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Contributor address; City; State; Zip Code <i>9608 LEN SHORE STREET FORT WORTH, TX 76179</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>7/17/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TRAVIS CLEGG</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>10704 GRAYHAWK LANE KELLER, TX 76248</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/18/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARTHA &amp; JERRY MINSTON</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Contributor address; City; State; Zip Code <i>5407 EL DURADO DRIVE FORT WORTH, TX 76107</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3 of 6</b>
2 FILER NAME <b>DENNIS SINGLETON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/18/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MCDONALD SANDERS</b> 6 Contributor address; City; State; Zip Code <b>177 MAIN STREET, STE 1300 FORT WORTH, TX 76102</b>	7 Amount of contribution (\$) <b>\$ 500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/20/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MAC CHURCHILL</b> Contributor address; City; State; Zip Code <b>611 RIVER CREST DRIVE FORT WORTH, TX 76107</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/20/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BETSY PRICE CAMPAIGN</b> Contributor address; City; State; Zip Code <b>P.O. BOX 100066 FORT WORTH, TX 76185</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/20/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LOCKHEED MARTIN EMPLOYEES PAC</b> Contributor address; City; State; Zip Code <b>201 CRYSTAL DRIVE, STE 100 ARLINGTON, VA 22202</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4 of 6</b>
2 FILER NAME <b>DENNIS SHINGLETON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/20/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RONALD D. STURGEON</b> 6 Contributor address; City; State; Zip Code <b>5940 EDEN DRIVE HALTOM CITY, TX 76117</b>	7 Amount of contribution (\$) <b>\$ 1,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/20/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>THOMAS J. HARRIS</b> Contributor address; City; State; Zip Code <b>2221 ALLIANCE BLVD. FORT WORTH, TX 76177</b>	Amount of contribution (\$) <b>\$ 250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/20/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MERRY &amp; EARLY DAVIS</b> Contributor address; City; State; Zip Code <b>2867 BEAUNE CIRCLE FORT WORTH, TX 76105</b>	Amount of contribution (\$) <b>\$ 250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/20/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>EDWARD P. BASS</b> Contributor address; City; State; Zip Code <b>201 MAIN STREET, STE 2100 FORT WORTH, TX 76102</b>	Amount of contribution (\$) <b>\$ 1,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>576</b>
2 FILER NAME <b>DENNIS SHINGLETON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/27/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DEE J. KELLY, JR.</b> 6 Contributor address; City; State; Zip Code <b>417 RIVERCREST DRIVE FORT WORTH, TX 76107</b>	7 Amount of contribution (\$) <b>\$ 500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/27/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>M.T. COLE TRUST NO. 2</b> Contributor address; City; State; Zip Code <b>PO DRAWER 5 DENTON, TX 76202</b>	Amount of contribution (\$) <b>\$ 1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/27/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KATHI &amp; SCOTT MAHAFFEY</b> Contributor address; City; State; Zip Code <b>3532 BIRNBAVEN ROAD FORT WORTH, TX 76105</b>	Amount of contribution (\$) <b>\$ 250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/27/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAN LOWRANCE</b> Contributor address; City; State; Zip Code <b>2008 FOUR OAKS LANE FORT WORTH, TX 76107</b>	Amount of contribution (\$) <b>\$ 2,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1: <b>6 of 6</b>
2 FILER NAME <b>DENNIS SHINGLETON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/27/17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>APT ASSOCIATION TARRANT COUNTY</b> 6 Contributor address; City; State; Zip Code <b>6350 BAKER BLVD. RICHLAND HILLS, TX 76118</b>	7 Amount of contribution (\$) <b>\$ 3,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/27/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GREATER FORT WORTH REAL ESTATE COUNCIL PAC</b> Contributor address; City; State; Zip Code <b>777 MAIN STREET, STE 2100 FORT WORTH, TX 76102</b>	Amount of contribution (\$) <b>\$ 1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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:	2 FILER NAME DENNIS SHINGLETON	3 Filer ID (Ethics Commission Filers)
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4 Date 4/6/17	5 Payee name BOSWELL HIGH SCHOOL
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6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 5805 W BAKER BOSWELL ROAD FORT WORTH TX 76179
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) DONATION	(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 4/4/17	Payee name JOANNA CRAIN
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Amount (\$) \$7,000	Payee address; City; State; Zip Code 450 ONE PARK LN #100427 FORT WORTH, TX, 76109
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) 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
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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 4/18/17	Payee name OLIVA
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Amount (\$) \$45.82	Payee address; City; State; Zip Code 12477 TIMBERLAND BLVD #633 FORT WORTH TX 76244
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE	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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME DENNIS SINGLETON	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/19/17	<b>5</b> Payee name BOY SCOUTS OF AMERICA	
<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code 850 CANNON DRIVE HURST, TX 76059	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  DONATION	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 4/20/17	Payee name ST. ANDREWS SCHOOL	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 3304 DREYDEN ROAD FORT WORTH, TX 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 4/21/17	Payee name SWEET FROG	
Amount (\$) \$76.50	Payee address; City; State; Zip Code 8825 TEXAMA RIDGE PARKWAY #311 FORT WORTH, TX 76177	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  FOOD / BEVERAGE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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 FILER NAME DENNIS SHINGLSTON	3 Filer ID (Ethics Commission Filers)
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4 Date 4/22/17	5 Payee name OUR WATER OUR FUTURE
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6 Amount (\$) \$2,500	7 Payee address; City; State; Zip Code 777 TAYLOR STREET, STE 1030 FORT WORTH, TX 76102
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) POLITICAL CONTRIBUTION	(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 4/22/17	Payee name THE EPPSTEIN GROUP
-----------------	----------------------------------

Amount (\$) \$15,000.00	Payee address; City; State; Zip Code 4055 INTERNATIONAL PLAZA, STE 600 FORT WORTH, TX 76109
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<b>PURPOSE OF EXPENDITURE</b>	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
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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 4/23/17	Payee name THE EPPSTEIN GROUP
-----------------	----------------------------------

Amount (\$) \$2,467.51	Payee address; City; State; Zip Code 4055 INTERNATIONAL PLAZA, STE 600 FORT WORTH, TX 76109
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING & POSTAGE	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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>DENNIS SHINGLETON</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/23/17</b>	5 Payee name <b>THE EPPSTEIN GROUP</b>
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6 Amount (\$) <b>\$3,139.25</b>	7 Payee address; City; State; Zip Code <b>9450 INTERNATIONAL PLAZA, STE 600 FORT WORTH, TX 76109</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING: TELEPHONE SERVICES</b>	(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 <b>4/23/17</b>	Payee name <b>THE EPPSTEIN GROUP</b>
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Amount (\$) <b>\$3,945.64</b>	Payee address; City; State; Zip Code <b>9450 INTERNATIONAL PLAZA, STE 600 FORT WORTH, TX 76109</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING: WEBSITE DEVELOPMENT</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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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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 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**