

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX**

**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

NICKNAME

MR DENNIS

P

LAST

SUFFIX

SHINGLETON

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

NICKNAME

MR.

DEE

LAST

SUFFIX

KELLY JR.

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

201 MAIN ST. SUITE 2500

FORT WORTH TX 76102

(Residence or Business)

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

4 / 1 / 19

THROUGH

Month

Day

Year

4 / 26 / 19

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 4 / 19

☐ Primary

☐ Runoff

ELECTION TYPE

☐ Other
Description

☒ General

☐ Special

12 OFFICE

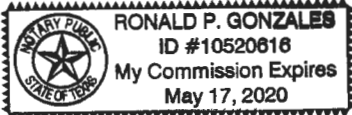

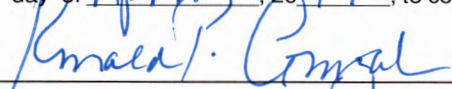
OFFICE HELD (if any)

CITY COUNCIL D#7
FORT WORTH TX

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

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.	
		 _____ Signature of Candidate or Officeholder	
AFFIX NOTARY STAMP / SEAL ABOVE			
Sworn to and subscribed before me, by the said <u>Dennis P. Shingleton</u> , this the <u>26th</u> day of <u>April</u> , 20 <u>19</u> , to certify which, witness my hand and seal of office.			
 _____ Signature of officer administering oath		<u>Ronald P. Gonzales</u> <u>Notary</u> _____ Printed name of officer administering oath Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME DENNIS SINGLETON		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,500.-
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 36,829.-
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 4

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

4-8-19

5 Full name of contributor

☐ out-of-state PAC (ID#)

Haydn H. Cutler, Jr.

6 Contributor address;

City; State; Zip Code

3825 Camp Bowie Fort Worth TX 76107

7 Amount of contribution (\$)

2,500.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-8-19

Full name of contributor

☐ out-of-state PAC (ID#)

Chris + Sally Gavras

Contributor address;

City; State; Zip Code

1301 Throckmorton Fort Worth TX 76102

Amount of contribution (\$)

250.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-8-19

Full name of contributor

☐ out-of-state PAC (ID#)

Norma + Richard Roby

Contributor address;

City; State; Zip Code

7578 Morrison Ct. Fort Worth TX 76112

Amount of contribution (\$)

500.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-8-19

Full name of contributor

☐ out-of-state PAC (ID#)

Early + Merry Davis

Contributor address;

City; State; Zip Code

6500 Shoal Creek Rd Ft. Worth TX 76132

Amount of contribution (\$)

250.

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:

2 of 4

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

4-8-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Preston & Beckie Geren

6 Contributor address;

City; State; Zip Code

1200 Washington Terrace Ft. Worth, TX 76107

7 Amount of contribution (\$)

250.

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-8-19

Full name of contributor

☐ out-of-state PAC (ID#:

Vernell Sturns

Contributor address;

City; State; Zip Code

612 Highwoods Tr. Ft. Worth, TX 76112

Amount of contribution (\$)

50.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-8-19

Full name of contributor

☐ out-of-state PAC (ID#:

John & Linda Maddux

Contributor address;

City; State; Zip Code

2120 Ridgmar Blvd. #14 Ft. Worth, TX 76116

Amount of contribution (\$)

500.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-8-19

Full name of contributor

☐ out-of-state PAC (ID#:

L.O. Brightbill, III

Contributor address;

City; State; Zip Code

8908 Crestwood Dr. Ft. Worth, TX 76179

Amount of contribution (\$)

100.

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:

3 of 4

2 FILER NAME

Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date

4-8-19

5 Full name of contributor

L. Allen Hodges III

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

300.

6 Contributor address; City; State; Zip Code

200 Indian Creek Ft. Worth, TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-18-19

Full name of contributor

Douglas Johnson

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

500.

Contributor address; City; State; Zip Code

4090 Deep Valley Dallas, TX 75244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-18-19

Full name of contributor

Apartment Assoc. of Tarrant County PAC

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

2,500.

Contributor address; City; State; Zip Code

6350 Baker Blvd. NRH TX 76118

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-18-19

Full name of contributor

Scott Noles

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

500.

Contributor address; City; State; Zip Code

777 Taylor St. Ste 1126 Ft. Worth TX 76102

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: 434
2 FILER NAME Dennis Shingleton		3 Filer ID (Ethics Commission Filers)
4 Date 4/25/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Greater Fort Worth Assn Realtors PAC 6 Contributor address; City; State; Zip Code 2650 PARKVIEW DR. FW 76102	7 Amount of contribution (\$) \$ 4000.-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/25/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Arnold & Harriette Gachman Contributor address; City; State; Zip Code 1229 Shady Oaks Ln. Fort Worth TX 76107	Amount of contribution (\$) \$ 300.-
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 5	2 FILER NAME Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
4 Date 4-8-19	5 Payee name Cheroya Pena	
6 Amount (\$) 700.	7 Payee address; City; State; Zip Code 5407 Collinwood Avenue Fort Worth, TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 4-12-19	Payee name BJ's Restaurants	
Amount (\$) 77.30	Payee address; City; State; Zip Code 9401 Sage Meadow Trail Fort Worth TX 76135	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage campaign event	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 4-12-19	Payee name USPS	
Amount (\$) 160.	Payee address; City; State; Zip Code 3101 W. 6th ST. Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Postage office overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 6	2 FILER NAME Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
4 Date 4-15-19	5 Payee name Sweet Frog	
6 Amount (\$) 195.66	7 Payee address; City; State; Zip Code 8825 Tehama Ridge Pkwy Ste 311 Fort Worth, TX 76177	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / beverage Campaign event	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 4-15-19	Payee name The Home Depot	
Amount (\$) 45.23	Payee address; City; State; Zip Code 2013 Hwy 377 Keller, TX 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) equipment expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 4-15-19	Payee name Michael McCluskey	
Amount (\$) 300.	Payee address; City; State; Zip Code 3600 Alton Rd. Ft. Worth, TX 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries / wages 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
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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 5		2 FILER NAME Dennis Shingleton		3 Filer ID (Ethics Commission Filers)	
4 Date 4-18-19		5 Payee name USPs			
6 Amount (\$) 35.		7 Payee address; City; State; Zip Code 3930 Telephone Rd Ft. Worth, TX 76135			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Postage office overhead		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-18-19		Payee name Staples			
Amount (\$) 40.52		Payee address; City; State; Zip Code 6313 Lake Worth Blvd. LAKE WORTH, TX 76135			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office overhead		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 4-19-19		Payee name Pizza Hut			
Amount (\$) 241.58		Payee address; City; State; Zip Code Bailey Boswell Rd, Saginaw TX 76179			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) food / beverage Campaign event		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **4 of 6** 2 FILER NAME **Dennis Shingleton** 3 Filer ID (Ethics Commission Filers)

4 Date **4-19-19** 5 Payee name **The Eppstein Group**

6 Amount (\$) **12,750.** 7 Payee address; City; State; Zip Code
**2830 S. Hulen St. #361
Fort Worth, TX 76109**

8 **PURPOSE OF EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) **Grassroot Activity Voter Contract Program** (b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **4-19-19** Payee name **The Eppstein Group**

Amount (\$) **2,327.38** Payee address; City; State; Zip Code
**2830 S. Hulen St. #361
Fort Worth, TX 76109**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Printing - Mailing Expense** 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 **4-19-19** Payee name **The Eppstein Group**

Amount (\$) **787.50** Payee address; City; State; Zip Code
**2830 S. Hulen St. #361
Fort Worth, TX 76109**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Consulting Expense** 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 566	2 FILER NAME DENNIS SINGLETON	3 Filer ID (Ethics Commission Filers)
4 Date 4-1-19	5 Payee name The Eppstein Group	
6 Amount (\$) 10,000.	7 Payee address; City; State; Zip Code 2830 S. Hulen St. #361, Ft Worth, TX 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 4-1-19	Payee name The Eppstein Group	
Amount (\$) 1,897.86	Payee address; City; State; Zip Code 2830 S. Hulen St. #361, Fort Worth, TX 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing & Mailing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 4-8-19	Payee name Pearl Snap Kolache	
Amount (\$) 131.75	Payee address; City; State; Zip Code 4006 White Settlement, Ft. Worth, TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food - Beverage Campaign event	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 of 6	2 FILER NAME Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
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4 Date 4-23-19	5 Payee name LSPS
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6 Amount (\$) 36.75	7 Payee address; City; State; Zip Code 3101 W. 6th St Fort Worth Tx 76107
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Postage Stamps office overhead	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-24-19	Payee name EPSTEIN GROUP
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Amount (\$) \$7102.47	Payee address; City; State; Zip Code 2838 S. HALEN ST. FORT WORTH TX 76109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing & Mailing Services	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date	Payee name
------	------------

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 <u>ONLY</u> 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