# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

FORM C/OH FT. WORTH, GOVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME LAST	MI SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 47033	STATE, ZIPCODE 36 76/47	Date Hand-delivered or Postmarked JUL 1 6 2013
change of address  5 CANDIDATE/ OFFICEHOLDER PHONE	FORT WORTH /X  AREA CODE PHONE NUMBER  (817) 236-7969	EXTENSION	Receipt # Amount  Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  TOHN  NICKNAME LAST  STEVENSON	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;  SUITE 3/00 20  FOUT WONTH	OI MAIN ST.	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(817) 390 - 8509	EXTENSION	
9 REPORT TYPE	January 15 30th day before election  Suly 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	07 / 15	/2013
11 ELECTION	Month ELECTION DATE Day Year ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	City COUNCILMAN DISTRICT 7	13 OFFICE SOUGHT (if known)	
	GOTOPA	GE 2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	NNIS P.	SHINGLETON 1	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICEHO	OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD PLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDI AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		DLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN , LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		OLITICAL CONTRIBUTIONS HAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 36,315
EXPENDITURE TOTALS	3. TOTAL PO	LITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	S _ 0
	4. TOTAL P	OLITICAL EXPENDITURES	\$ 12,429.41
CONTRIBUTION BALANCE	101/0/2016	LITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D RTING PERIOD	\$ 27,039.65
OUTSTANDING LOAN TOTALS		INCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T OF THE REPORTING PERIOD	
18 AFFIDAVIT			perjury, that the accompanying report information required to be reported by
	RONALD P. GONZALES TY COMMISSION EXPIRES May 17, 2016		didate or Officeholder
AFFIX NOTARY STAM		e, by the said Dennis P. Shi	ng/ctm_, this the
day	of July	Rangla P. Ganzales	ny hand and seal of office.
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of officer administering oath

P.O. Box 12070

## SCHEDULE A

Th	e Instruction Guide explains how to complete this	form. 1 Total pa	ges Schedule A:
FILER NAMI	DENNIS P. SHINGLETON	3 ACCOU	NT # (Ethics Commission Filers)
Date 1/16/13	5 Full name of contributor out-of-state PAC (ID#	\$ 1000	
Principal occ	upation / Job title (See Instructions)	10 Employer (See Instructions)	
Date //6/3	Full name of contributor	) Amoun contribution	
Principal occ	FANT WONTH TX 76109  upation / Job title (See Instructions)	/50. (If travel Employer (See Instructions)	outside of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:	) Amoun	t of In-kind contribution
1/16/13	Contributor address; City, State; Zip Code 1411 Skady Oaks LM. Fort Work IX 76107	*2500	2. –
Principal occ	supation / Job title (See Instructions)	Employer (See Instructions)	outside of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#	Amoun	[18] [18] [18] [18] [18] [18] [18] [18]
16/13	1009 Heuderson St.  1009 Heuderson St.  1007 Love Tv. 76102	150.	-
Principal occ	supation / Job title (See Instructions)	Employer (See Instructions)	outside of Texas, complete Schedule T)
Date //6//2	Full name of contributor out-of-state PAC (ID#	Amoun	
12	3125 NE LOOP 820 FORT WORK TX 76137	*/000	outside of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions)	

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#### SCHEDULE A

The instruction G	Buide explains how to comple	te this form.	Total pages Sch	edule A:
FILER NAME DENNIS	P. Shingleton	1	ACCOUNT # (E	thics Commission Filers)
Date 5 Foll name Dick Square 8909 Fort	e of contributor out-of-state PA	C(ID#) 7 7/5/h Code 7	Amount of ontribution (\$)	8 In-kind contribution description (if applicable
Principal occupation / Job title	e (See Instructions)	10 Employer (See Ins	tructions)	
Viel Gary			Amount of ontribution (\$)	In-kind contribution description (if applicable
Fort Principal occupation / Job title	Box 121969  boyyl Tx  e (See Instructions)	76/2/ Employer (See Ins		of Texas, complete Schedule T)
	of contributor			
/ / / / / / / / / / / / / / / / / / / /				
16/13 Contribute 4004	daddress; City; State; Zip  Harywood dr.		\$500	of Texas, complete Schedule T)
Contribute 4004 Fort	Hartwood Dr.	Code  Employer (See Ins	(If travel outside	      of Texas, complete Schedule T)
Principal occupation / Job title  Date Full name	Harrwood &.  Harrwood &.  Lory Tx 7  e (See Instructions)  e of contributor  out-of-state Pa  or Address; City; State; Zip  Sarita Ct.	Employer (See Ins	(If travel outside tructions)  Amount of contribution (\$)	In-kind contribution description (if applicable
Principal occupation / Job title  Date Full name	Harrwood &.  Harrwood &.  Larry Tx 7  E (See Instructions)  To out-of-state Particle of Shirry Andrews; City; State; Zip  Sarita Ct.  The Work Tx	Employer (See Ins	(If travel outside tructions)  Armount of contribution (\$)	In-kind contribution
Principal occupation / Job title  Date Full name    16/13 Contribute   4250   Form  Principal occupation / Job title  Date Full name   Hown	Harrwood &  Harrwood &  E (See Instructions)  The (See Instructions)  The of contributor	Employer (See Ins	(If travel outside fructions)  Amount of contribution (\$)  4500.  (If travel outside fructions)  Amount of contribution (\$)	In-kind contribution description (if applicable

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#### SCHEDULE A

The	Instruction Guide explains how to complete this form.	1 Total pages Sch	nedule A:
FILER NAME	ennis P. Shingleton	3 ACCOUNT # (E	thics Commission Filers)
Date 1/16/13	5 Full name of contributor of contributor of contributor of contributor address; City: State: Zip Code 1207 Hillcrost St.  Fort Worth 1x 76107	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
Principal occu	pation / Job title (See Instructions) 10 Employ	ver (See Instructions)	
Date //6/12	Full name of contributor out-of-state PAC (iD#:	Amount of contribution (\$)	In-kind contribution description (if applicable
//3	PO BOX 136021 Fort WORL TX 76136		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) Employ	er (See Instructions)	
Date //21/13	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable
Principal occu	pation / Job title (See Instructions) Employ	er (See Instructions)	
Date /21/13	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable
Principal occu		ver (See Instructions)	or rexas, complete defication in
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable
61/19	117 Shady Lake Ct.	100	
	Honst 1x 10034	(If travel outside	of Texas, complete Schedule T)

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## SCHEDULE A

The Instruction Guide explains how to cor	mplete this form.	1 Total pages Sch	ledule A.
Dennis Shing/Hon		3 ACCOUNT # (E	thics Commission Filers)
Date  5 Full name of contributor   out-of-st.  70HN MADDUX  6 Contributor address; City: State;  2120 Ridgman B.  Fort Worth Tx		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
Principal occupation / Job title (See Instructions)	10 Employer	(See Instructions)	
In Arlie Davenport	zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable
4070 Clarke	76107	(If travel outside	of Texas, complete Schedule T)
Date Full name of contributor out-of-s	state PAC (ID#:	) Amount of	In-kind contribution
1 Timmes & MEININ	1	contribution (\$)	description (if applicable
Contributor address; City, State; 3839 Suth Hills	E LEAVENS	s/00.	
///	E LEAVENS Zip Code Circle 76109	s/00.	description (if applicable
Contributor address; City; State; 3839 Sulf Hulls  Fort worth Tx  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-si    21/ 3   Contributor address; City; State;	Zip Code Circle 76109 Employer	contribution (\$)	of Texas, complete Schedule T)
Contributor address; City; State; 3839 Sulf Hills  Fort worth Tx  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-si  Contributor address; City; State; 301 Commerce A.	Zip Code Circle 76109 Employer	contribution (\$)  S/00.  (If travel outside (See Instructions)	of Texas, complete Schedule T)
Contributor address; City; State; 3839 Sulf Hulls  Fort worth Tx  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-si    21/ 3   Contributor address; City; State;	Zip Code Circle 76109 Employer	contribution (\$)  ### Contribution (\$)  (If travel outside (See Instructions)  Amount of contribution (\$)  ###################################	of Texas, complete Schedule T)
Contributor address; City, State; 3839 Sulf Hills  Fort with Tx  Principal occupation / Job title (See Instructions)  Date  Full name of contributor out-of-state; 21/3 Contributor address; City; State; 301 Commerce H.	Zip Code Circle 76109 Employer  Zip Code Sur/e 3500 7610 Z	contribution (\$)  ### Contribution (\$)  (If travel outside (See Instructions)  Amount of contribution (\$)  ###################################	of Texas, complete Schedule T)  In-kind contribution description (if applicable
Contributor address; City; State; 3839 Suff Hulls Fort worth Tx  Principal occupation / Job title (See Instructions)  Date  Full name of contributor out-of-si  Contributor address; City; State;  301 Commerce A.  Fort worth Tx  Principal occupation / Job title (See Instructions)	Zip Code Circle 76109 Employer  Zip Code Sur/e 3500 7610 Z	contribution (\$)  ### Contribution (\$)  (If travel outside (See Instructions)  Amount of contribution (\$)  ###################################	In-kind contribution description (if applicable of Texas, complete Schedule T)  In-kind contribution (if applicable of Texas, complete Schedule T)
Contributor address; City; State; 3839 Sulf Hulls  Fort worth Tx  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-si  Contributor address; City; State; 301 Commerce H.  Fort worth Tx  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-si  Toe waller  Contributor address; City; State; PO Box 150689	Zip Code Circle 76109 Employer  State PAC (ID#	contribution (\$)	In-kind contribution description (if applicable

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## SCHEDULE A

The Instruction Guide exp	plains how to complete this form.	1 Total pages Sch	nedule A:
PENNIS SUI	ingleton	3 ACCOUNT # (E	thics Commission Filers)
Date 5 Full name of contribution 1/21/12 6 Contributor address	EKINNEY + ANN MY	\$ 100	8 In-kind contribution description (if applicable
Principal occupation / Job title (See Ins	structions) 10 Emp	loyer (See Instructions)	
Date Full name of contributor address 2300 RACE	w/s	Amount of contribution (\$)	In-kind contribution description (if applicable
Fort Word	44 7x 76/11	(If travel outside	of Texas, complete Schedule T)
The second secon			
Date Full name of contrib		Amount of contribution (\$)	In-kind contribution description (if applicable
/ //		contribution (\$)  2, 500. —	
/ //	OLM LOUDEN  s; City, State, Zip Code  L St. #27 Suite i  DOVYL Tx 76102	contribution (\$)  2, 500. —	description (if applicable
1/21/13 4. MALCO Contributor address 500 W. 78  FORT A	Scity; State; Zip Code  2 St. #27 Suife  Novy Tx 76102  Structions) Employer  Dutor Out-of-state PAC (ID#	contribution (\$)  2, 500. —  (If travel outside	description (if applicable
Principal occupation / Job title (See Institutor address  Date  Full name of contributor address  // 21//3  Contributor address	s; City; State; Zip Code  2 St. #27 Suife  DOVYL TX 76102  structions) Employed  butor Out-of-state PAC (ID#  Runkle s; City; State; Zip Code  sung Suige Ma.	contribution (\$)  Z, 570. —  (If travel outside loyer (See Instructions)	description (if applicable  of Texas, complete Schedule T)
Contributor address 500 W. 75  For H  Principal occupation / Job title (See Ins  Pull name of contrib  Image: Contributor address  A 45 Road  Ary L	Scity: State: Zip Code  A St. #27 Suite  ONAL TX 76102  Structions)  Employed  Dutor Out-of-state PAC (ID#	contribution (\$)  2, 500. —  (If travel outside loyer (See Instructions)  Amount of contribution (\$)  \$ /00. —  (If travel outside	description (if applicable  of Texas, complete Schedule T)
Contributor address 500 W. The Fort I  Principal occupation / Job title (See Ins.  Date Full name of contributor address  ////3 Contributor address	Scity: State: Zip Code  A St. #27 Suite  ONAL TX 76102  Structions)  Employed  Dutor Out-of-state PAC (ID#	contribution (\$)  2,500.  (If travel outside loyer (See Instructions)  Amount of contribution (\$)	description (if applicable  of Texas, complete Schedule T)  In-kind contribution description (if applicable
Principal occupation / Job title (See Institutor address / Social See Institutor address / Social See Institutor address / See Institutor / See Inst	SCITY; State; Zip Code  A SA. #27 Suife  DOVYL TX 76102  Structions)  Employed  Buttor Out-of-state PAC (ID#  Structions)  Employed  Structions  Employed  Structions  Employed  Structions  Employed  Structions  Employed  Structions  Employed  AUSTIN	contribution (\$)  2, 500. —  (If travel outside loyer (See Instructions)  Amount of contribution (\$)  \$ /00. —  (If travel outside	description (if applicable  In-kind contribution description (if applicable  In-kind contribution for Texas, complete Schedule T)  In-kind contribution
Contributor address 500 W. 75  For H  Principal occupation / Job title (See Ins  Contributor address  Contributor address	Scity; State; Zip Code  A St. #27 Suite  DOVYL Tx 76102  Structions)  Employed  Dutor out-of-state PAC (ID#  Structions)  Employed  Structions  Employed  Structions  Employed  Dutor out-of-state PAC (ID#  Structions)  Employed  AUSTIN  Struction out-of-state PAC (ID#  Dutor ou	contribution (\$)  2,500.  (If travel outside loyer (See Instructions)  Amount of contribution (\$)  \$ /00.  (If travel outside loyer (See Instructions)  Amount of contribution (\$)	description (if applicable description description (if applicable description

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## SCHEDULE A

The Instruction Cuide analysis hours a second to the form	1 Total pages Schedule A:
The Instruction Guide explains how to complete this form.	
Dennis P. Shingleton	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor Joul-of-state PAC (ID# )  FILE # Michaels PAC  1/21/13 6 Contributor address; City; State; Zip Code  4055 Infamakonal Plays F. 200  Port Worth Tx 76109	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) 10 Employer (See I	Instructions)
Date Full name of contributor out-of-state PAC (10#	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See I	
Date Full name of contributor   out-of-state PAC (ID#)    1/21/ 3   Full Hening for     Contributor address;   City; State; Zip Code     6304 M Caut St.     Fort boryk Tx 76/33	Amount of contribution (\$)    In-kind contribution description (if applicable)    Floor
Principal occupation / Job title (See Instructions) Employer (See I	nstructions)
Date  Full name of contributor   out-of-state PAC (ID#:)  //21/3  Contributor address; City: State; Zip Code  2810 Serry H.  Fort Love Tx 76109	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)  Employer (See I	
Date Full name of contributor   out-of-state PAC (ID#:  //21/3 Contributor address; City; State; Zip Code 777 Taylor St. Ste 1030  7074 WOYLL Tx 76/02	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See I	

#### SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Sch	edule A:
Sennis Tingleton	3 ACCOUNT # (E	thics Commission Filers)
Date  5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
Principal occupation / Job title (See Instructions) 10 Employer	(See Instructions)	
Date  Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable
Principal occupation / Job title (See Instructions)  Employer (	(If travel outside of See Instructions)	f Texas, complete Schedule T)
Date  Full name of contributor   out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable of Texas, complete Schedule T)
	(See Instructions)	reas, withhere scredule 1)
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable of Texas, complete Schedule T)
Layne & Ashley Owen Contributor address; City State: Zip Code 8712 Overland & Fort Work Tx 76179	\$ 100.00	
Layne & Ashley Owen Contributor address: City State: Zip Code 8712 Overland & Fort Work Tx 76179	(If travel outside of contribution (\$)  Amount of contribution (\$)	description (if applicable

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#### SCHEDULE A

The Instruction Guide explains how	w to complete this form.	1 Total pages Sch	edule A:
Dennis Shing	leton	3 ACCOUNT # (E	thics Commission Filers)
Date 5 Full name of contributor July 1 Stacey L. Ja	out-of-state PAC (ID#:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
817 WS fuvod  Fort Love 7	1	/000. —	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	10 Employ	yer (See Instructions)	
1/2 / Burr Fairlas	out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
4820 Bryce	AUR .	50	
Fort both 7	x 76107	(If travel outside of	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employ	ver (See Instructions)	
11-1 John & Debb	out-of-state PAC (ID#:  Augh Inbung  State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable
Principal occupation / Job title (See Instructions)	Tx 76/07 Employ	(If travel outside over (See Instructions)	of Texas, complete Schedule T)
1/2 1 A. Kon & Juan	out-of-state PAC (ID#	ell Amount of contribution (\$)	In-kind contribution description (if applicable
70rt borth	Springs Rd.	\$/00. —	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		yer (See Instructions)	
Date Full name of contributor [	out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable
(/2) / Compostor address; City;	State: Zip Code	\$200 -	
JOSO Bryce	AUR 76107	. 500.	
Principal occupation / Job title (See Instructions)	AUR 76107	(If travel outside over (See Instructions)	of Texas, complete Schedule T)

(512) 463-5800

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

## SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Sch	nedule A:
2 FILER NAME Dennis Singleton	3 ACCOUNT # (E	thics Commission Filers)
4 Date  5 Full name of contributor out-of-state PAC(ID#)  A. f. Mrs. W.M. Scraggie M.S.  6 Contributor address; City, State; Zip Code  4732 Washburn Ave.  704 Worth Tx 76107	7 Amount of contribution (\$)  \$50	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)	nstructions)	
Date  Full name of contributor out-of-state PAC (ID#)  Read Figurary Contributor address; City: State; Zip Code  200 Texas Well	Amount of contribution (\$)	In-kind contribution description (if applicable)
tort worth 1x 76106	(If travel outside of	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See In		
Date  Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See In	nstructions)	
Date Full name of contributor out-of-state PACUD#  MIKE Maurely Sause  Contributor address; City; State; Zip Code  2678 Edway Ave  Baton Rouge La 70808	Amount of contribution (\$)  250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See In		or rexas, complete outledule 1)
Date   Full name of contributor   out-of-state PAC (ID#)   David Chappe       Contributor address; City: State: Zip Code     Contributor address: City: State: Z	Amount of contribution (\$)  \$\frac{4}{8000}, -\$  (If travel outside	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See In		or reads, complete scriedule 1)

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

P.O. Box 12070

## SCHEDULE A

Th	e Instruction Guide explains how to complete this fo	rm. 1 Total pages Schedule A:
FILER NAM	ennis Shing Lepon	3 ACCOUNT # (Ethics Commission Filers)
Date /23/13	5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)  500
Principal occ		Employer (See Instructions)
Date 1/25/13	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occ	cupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule Travel (See Instructions)
Date //23//3	Full name of contributor   out-of-state PAC(ID#	Amount of contribution (\$) In-kind contribution description (if applicable \$\frac{1}{200.}\)  (If travel outside of Texas, complete Schedule T
Principal occ	supation / Job title (See Instructions)	Employer (See Instructions)
Date /23/13	Full name of contributor out of state PAC (ID# CANTEL 4 Ellie Buildelle Contributor address; City; State; Zip Code 600 6.64 St. Suite 300 Fact Walth Tx 76/02	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occ	supation / Job title (See Instructions)	Employer (See Instructions)
Date /23/13	Full name of contributor   out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable 2300.
	Mustan /x 1000	(If travel outside of Texas, complete Schedule T

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## SCHEDULE A

The Instruction Guide explains how to com	plete this form.	1 Total pages Sch	nedule A:
Dennis Skingleton		3 ACCOUNT # (E	Ethics Commission Filers)
Date  5 Full name of contributor out-of-state  71 Fox 6 Contributor address; City: State; 7605 Easle Lidge  Foxt Contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
Principal occupation / Job title (See Instructions)		(See Instructions)	of Texas, complete Schedule T)
Date  Full name of contributor out-of-state  Julia Steve Ka  Contributor address; City; State;  7649 Eagle Kidge  Fort work Tx	zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable
Principal occupation / Job title (See Instructions)	Employer	(See Instructions)	,
2404 Chimney Hil	ate PAC (ID#:	Amount of contribution (\$)	
23/B Contributor address; City; State; 2404 Chimney Hill	uber Zip Cope 1/ EVIVE 0/2	sontribution (\$)	In-kind contribution description (if applicable
Contributor address; City; State; 2 + 0 + Chimney Hill.  Arlington Tx 76.  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state  Tim Tudy School  Contributor address; City; State;  401 Washington Tex.	Zip Cote Zip Cote Zip Cote Zip Cote Zip Cote Zip Code	contribution (\$)  \$ 25  (If travel outside	description (if applicable
Contributor address; City; State:   2404	Zip Cotte Zip Cotte Zip Cotte Zip Cotte Zip Cotte Zip Code	(If travel outside (See Instructions)  Amount of contribution (\$)  4500.—  (If travel outside	description (if applicable of Texas, complete Schedule T)
Contributor address; City; State; 2 + 0 + Chimney Hill.  Arlington Tx 76.  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state  Tim Tudy School  Contributor address; City; State;  401 Washington Tex.	Zip Cotte Zip Cotte Zip Cotte Zip Cotte Zip Cotte Zip Code	(See Instructions)  Amount of contribution (\$)	description (if applicable) of Texas, complete Schedule T)  In-kind contribution description (if applicable)
Contributor address; City; State:   2404	Zip Cotte  Zip Cotte  Zip Cotte  Zip Cotte  Zip Code  Zip Code  Zip Code  Zip Code	(If travel outside (See Instructions)  Amount of contribution (\$)  4500.—  (If travel outside	description (if applicable) of Texas, complete Schedule T)  In-kind contribution description (if applicable)
Contributor address; City; State:  2	Zip Cotte  Zip Cotte  Zip Cotte  Zip Cotte  Zip Code  Zip Code  Zip Code  Zip Code	(See Instructions)  Amount of contribution (\$)  Afond (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)	description (if applicable of Texas, complete Schedule T)  In-kind contribution description (if applicable of Texas, complete Schedule T)  In-kind contribution

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#### SCHEDULE A

ine	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A:		
Dennis Shingleton		3 ACCOUNT # (Ethics Commission Filers)		
Date //23//3	5 Full name of contributor out-of-state PAC (ID#-  Richard & Carol Minker  6 Contributor address; City: State; Zip Code  4258 Altura La.  Fort Work Tx 76109	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable \$\)  4 /00. — (If travel outside of Texas, complete Schedule T)		
Principal occu	upation / Job title (See Instructions) 10 Employe	er (See Instructions)		
Date 7/23//3	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable \$\frac{7}{200.}\)		
B. W. A. J. W.	FOX WORK TX 76109	(If travel outside of Texas, complete Schedule T)		
Principal occu	upation / Job title (See Instructions) Employe	r (See Instructions)		
Date /23/B	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable \$\forall 250\)		
	Fort LOVE TX 76107	(If travel outside of Texas, complete Schedule T)		
Principal occu		(If travel outside of Texas, complete Schedule T)		
Date				
0 / 1	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable)		
Date 1/23/13	Full name of contributor out-of-state PAC (ID#	r (See Instructions)  Amount of In-kind contribution		
Date //23//3	Full name of contributor   out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable of Texas, complete Schedule T)		
Date  //23//3  Principal occu	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable of Texas, complete Schedule T)  (If travel outside of Texas, complete Schedule T)  er (See Instructions)		

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P.O. Box 12070

## SCHEDULE A

23/3   6 Contributor address: City: State: Zip Code   \$100   \$1	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A.	
Contribution (s)   description (if apple	2 FILER NAM	Dennis Shinglaton		3 ACCOUNT # (E	thics Commission Filers)
Date   Full name of contributor   out-of-state PAC(IDIE   Amount of contribution (\$)   In-kind contribution (\$)     24/ 3   Contributor address; City: State; Zip Code	1/23/ <sub>/3</sub>	6 Contributor address; City; State; Zip Code 500 THRUCK MONTON # 18	104	\$ 100	description (if applicable)
Contribution (S)  Contribution (G)  Contribution	Principal occ	supation / Job title (See Instructions)	10 Employer (See	Instructions)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor    Out-of-state PAC (IDIt:	Date 1/24/ <sub>/3</sub>	Contributor address; City; State; Zip Code 9225 Heron &		contribution (\$)	In-kind contribution description (if applicable)
24/3   Contributor address; City; State; Zip Code   357   Roburng Springs   Id.	Principal occ	supation / Job title (See Instructions)	Employer (See		or Texas, complete Schedule 1)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) description (if applications)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) description (if applications)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  In-kind contribution (if applications)  Date  Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description (if applications)  Date  Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description (if applications)	Date 1/24/ <sub>/3</sub>	Lotol George B. Alders Contributor address; City; State; Zip Code 1357 Roaning Springs Ra		\$ 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code  341 / Mursery Ln  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor out-of-state PAC (ID#:	Principal occ		Employer (See		of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description (if apple)	Date 1/24/ <sub>/3</sub>	James Toal Contributor address; City; State; Zip Code 341 Nursery Ln		\$ 100_ —	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code contribution (\$) description (if appl	Principal occ		Employer (See		or rexas, complete Schedule 1)
Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	1/31/13	HAYDEN H. CUTLER Contributor address; City; State; Zip Code 3825 CAMP BOWE BLI FORT WORL TX	18. 76107	Southibution (\$)	In-kind contribution description (if applicable)  of Texas, complete Schedule T)
				Pitter 100	

P.O. Box 12070

## SCHEDULE A

Th	he Instruction Guide explains how to complete this form.	1 Total pages Schedule	A:
FILER NAM	ENNIS P. SHINGLETON	3 ACCOUNT # (Ethics	Commission Filers)
Date 1/31/B	5 Full name of contributor out-of-state PAC (ID#	\$250.	In-kind contribution escription (if applicable as, complete Schedule T)
Principal occ	cupation / Job title (See Instructions) 10 Employer	(See Instructions)	
Date //31/3	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) de	In-kind contribution escription (if applicable
Warran T.	Fort horse Tx 76179		as, complete Schedule T)
Principal occ	cupation / Job title (See Instructions) Employer	(See Instructions)	
Date	Full name of contributor	) Amount of	In-kind contribution
1/31/13	Contributor address; City, State; Zip Code, 500 Alfa OVIVE Fort WORL TX 76107	\$500	
Principal occ	Fort Works Tx 76107	\$500	escription (if applicable
Principal occ Date	Fort Works Tx 76107	(If travel outside of Text) (See Instructions)	ras, complete Schedule T)  In-kind contribution
	Full name of contributor out-of-state PAC (ID#:  Contributor address; City; State; Zip Code  20   MAIN ST SUITE 2500	(If travel outside of Text) (See Instructions)  Amount of contribution (\$) decended at \$1.50.50.50.50.50.50.50.50.50.50.50.50.50.	In-kind contribution escription (if applicable
Date 2/4//3	Full name of contributor out-of-state PAC (ID#:  Contributor address; City; State; Zip Code  Tout Waryl Tx 76/02  Four Waryl Tx 76/02	(If travel outside of Text) (See Instructions)  Amount of contribution (\$) decended at \$1.50.50.50.50.50.50.50.50.50.50.50.50.50.	
Date 2/4//3	Full name of contributor   out-of-state PAC (ID#	(If travel outside of Tex (See Instructions)  Amount of contribution (\$) de  \$ 750.=  (If travel outside of Tex (See Instructions)  Amount of	In-kind contribution escription (if applicable
Date 2/4//3  Principal occ Date 2/4//3	Full name of contributor   out-of-state PAC (ID#	(See Instructions)  Amount of contribution (\$) de \$  \$7.50.**  (If travel outside of Text)  (See Instructions)  Amount of contribution (\$) de \$  \$7.50.**  Amount of contribution (\$) de \$  \$7.50.**	In-kind contribution escription (if applicable as, complete Schedule T)

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## SCHEDULE A

(512) 463-5800

The I	nstruction Guide explains how to complete this	form.	Total pages Sch	leadie A.
FILER NAME	ennis P. Shing leton	M 3	ACCOUNT # (E	Ethics Commission Filers)
2/4/	5 Full name of contributor out-to-state PAC (ID#	) 7	Amount of ontribution (\$)  #/00. —	8 In-kind contribution description (if applicable
Principal occupa	ation / Job title (See Instructions)	10 Employer (See Inst	ructions)	
Date 2/5/3	Contributor address; City; State; Zip Code	d.	Amount of ontribution (\$)	In-kind contribution description (if applicable
Detection to the second		76179	-	of Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Inst	ructions)	
Date 1/5//3	Full name of contributor out-of-state PAC (ID#_  L. A. Werschaf  Contributor address; City; State; Zip Code  8410 Malf Clab City  Fort Work Tx 76	179 a	Amount of ontribution (\$)	In-kind contribution description (if applicable
15/13	K. A. Werschay	Employer (See Insti	(If travel outside	description (if applicable
15/13	Contributor address; City; State; Zip Code  8 470	Employer (See Insti	(If travel outside ructions)  Amount of ontribution (\$)	description (if applicable)  of Texas, complete Schedule T)  In-kind contribution description (if applicable)
Principal occupa	Contributor address; City; State; Zip Code  8 470	Employer (See Insti	(If travel outside ructions)  Amount of ontribution (\$)	description (if applicable
Principal occupa	Contributor address; City; State; Zip Code  8410  AND ALL TO  AND ALL TO  Satisfy Code  AND ALL TO  Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code  To All To  Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code	Employer (See Insti	(If travel outside ructions)  Amount of ontribution (\$)  (If travel outside ructions)  Amount of ontribution (\$)  Amount of ontribution (\$)	description (if applicable)  of Texas, complete Schedule T)  In-kind contribution description (if applicable)

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## SCHEDULE A

The Instruction Guide explains how to	complete this form.	1 Total pages Sch	edule A:
PILER NAME Dennis Sking lete	ותכ	3 ACCOUNT # (E	thics Commission Filers)
2/17/ LOCKHERS MAKTI	of-state PAC (ID#)  U PAC te; Zip Code  Y. Suite 100  Z2202	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
Principal occupation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Timepar occupation 7 300 time (See instructions)	10 Employer (See	mstructions)	
1. OPEN CHANNELS	of-state PAC (ID#)  GROUP CLC te; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable
Principal occupation / Job title (See Instructions)	Employer (See		, and a second
Date Full name of contributor out	of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable
1301 Throck worter		\$ 250	
Fort Worth 7	St. Apr. 2105 × 76102	(If travel outside	of Texas, complete Schedule T)
1301 Throck worter	1 St. Apr. 2105	(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	SF. Apr. 2/05  X 76/02  Employer (See	(If travel outside Instructions)  Amount of contribution (\$)	of Texas, complete Schedule T)  In-kind contribution description (if applicable
Principal occupation / Job title (See Instructions)  Date Full name of contributor out-  Michael Contributor address; City; State 6217 Genoal City.	Employer (See	(If travel outside of Instructions)  Amount of contribution (\$)	In-kind contribution description (if applicable
Principal occupation / Job title (See Instructions)  Date Full name of contributor out-    Contributor address; City: Sta   Contribu	Employer (See  Of-state PAC (ID#:  TELY  te; Zip Code	(If travel outside of Instructions)  Amount of contribution (\$)	In-kind contribution description (if applicable of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  Date Full name of contributor out-    Contributor address; City; Sta   Contribu	Employer (See  Of-state PAC (ID#:)  TEMPLOYER (See  TEMPLOYER (See  Of-state PAC (ID#:)  EMS Forum  te; Zip Code	(If travel outside of Instructions)  Amount of contribution (\$)  (If travel outside of Instructions)  Amount of contribution (\$)	In-kind contribution description (if applicable applicable)

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#### SCHEDULE A

	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
FILER NAM	ennis Shingleton	3 ACCOUNT # (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC(ID#	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
23/15	6 Contributor address: City; State; Zip Code 4213 Candlewind Ln Fort Worth Tx 76/33	(If travel outside of Texas, complete Schedule
Principal occ	cupation / Job title (See Instructions) 10 Employe	er (See Instructions)
Date 4/6//3	Full name of contributor   out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occ		(If travel outside of Texas, complete Schedule Ter (See Instructions)
Date /	Liniter FW Assix of Canthe TAR	Amount of In-kind contribution contribution (\$) description (if applicable)
6/13	Contributor address; City, State; Zip Code 2650 Parkview Dr.	\$1000.00
6//3 Principal occ	Contributor address: City, State; Zip Code  2650 Parkview Dr.  Fort Louve Tx 76102	(If travel outside of Texas, complete Schedule 1
Principal occ	Contributor address; City, State; Zip Code  2650 Par XVIIW DY.  Fort WWYL Tx 76102  Coupation / Job title (See Instructions)  Employe  Full name of contributor	(lit travel outside of Texas, complete Schedule 1 er (See Instructions)  Armount of contribution (\$)  In-kind contribution description (if applicable)
	Contributor address; City, State; Zip Code  1650 Par XVIII DY.  Fort COVID Tx 76107  Coupation / Job title (See Instructions)  Full name of contributor	(If travel outside of Texas, complete Schedule 1 er (See Instructions)  Amount of contribution (\$) In-kind contribution description (if applicable 2000.
Date /9//3	Contributor address; City, State; Zip Code  2650 Par XVIIW DY.  6744 WWYL Tx 76102  Coupation / Job title (See Instructions)  Full name of contributor  out-of-state PAC (ID#	(lit travel outside of Texas, complete Schedule 1 er (See Instructions)  Armount of contribution (\$)  In-kind contribution description (if applicable)
Date /9//3	Contributor address; City, State; Zip Code  2650 Par XVIIW DY.  6744 WWYL Tx 76102  Coupation / Job title (See Instructions)  Full name of contributor  out-of-state PAC (ID#	(lif travel outside of Texas, complete Schedule Ter (See Instructions)  Amount of contribution (\$) In-kind contribution description (if applicable \$2000.
Date /9//3 Principal occ Date //0//3	Contributor address; City, State; Zip Code    150	(If travel outside of Texas, complete Schedule 1 er (See Instructions)  Amount of contribution (\$) In-kind contribution description (if applicable of Texas, complete Schedule 1 er (See Instructions)  Amount of In-kind contribution

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**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

## **POLITICAL EXPENDITURES**

P.O. Box 12070

## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:		le explains how to complete this f	
1 lotal pages Schedule F.	2 FILER NAME	HINGLETON	3 ACCOUNT # (Ethics Commission Filers)
2/4/13	5 Payee name		
6 Amount (\$) \$1870.30	7 Payee address: City; S 408 WEST /	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the the Advertising	op of this schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Office older nam	e Office soug	ht Office held
2/4/B	FORT WEST	4 CLUB	
Amount (\$) 2559. 11	Payee address; City; S 306 WEST FANT WONTH	State; Zip Code 77# 7x 76/02	
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule) Description	n (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	e Office soug	ht Office held
Date / 30 / 13	Payee name lity of Fort	borth	
#100.00		MONTON S.	02
PURPOSE OF EXPENDITURE	Category (See categories listed at the t		n (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Driceholder nam	e Office soug	tht Office held
3/17/13	Payee name  IHE ELECTION	N GROWP	
Amount (\$) \$7500.00	Payee address; City; S 408 WEST AUSTIN 7	State; Zip Code 147# S7. X 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	op of this schedule) Description	n (if travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder nam OH	e Office soug	ht Office held
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# POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/O Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains how to	Contract Labor Loan Repayment/ Transportation Eq Contributions/Don Candidate/Offic Rental Expense OTHER (enter a contributions)	uipment & Related Expense
1 Total pages Schedule F:	2 FILER NAME DENNIS SHINGLE TO		T # (Ethics Commission Filers)
4 Date /21/13	5 Payee name	MPAIGN	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 115 JONES ST. So FORT WONTH TX	7610Z	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Tex	as, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date 6/20/13	GREATER FORT WORTH	AREA CIVIC LO	ADERS ASSOC
Amount (\$)	Payee address; City; State; Zip Code		
250.00	3800 SILVENTON CIR	cæ + 76133	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Contribution - Refurming	Description (If travel outside of Tex.  Meal for sildier	
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	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 schedule)	Description (if travel outside of Tex	as, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	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 schedule)	Description (If travel outside of Texa	as, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held

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