1	TE / OFFICEHOLDER	FORM C/OH COVER SHEET PG 1
OFFICIAL RE	PARISE LINE	
The C/6ITYS#EGER	Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST MI	OFFICE USE ONLY
OFFICEHOLDER NAME	NICKNAME LAST SUFFIX SHING LETON	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO BOX 470336	Date Marked Jo
change of address	FORT WORTH TX 76147	Receipt Arrigumt Co
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Processed / Ol 6 8 1 9 5 4
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI MR. DEE NICKNAME LAST SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; CITY; STATE; 201 MAIN ST. SUITE 252 FORT WONTH TX 76102	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION () 817 - 332 - 2500	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 llmit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH 5 / 1 /	Year / 2015
11 ELECTION	ELECTION DATE Month Day Year S / 9 / 2015 ELECTION TYPE Primary Runoff	General Special
12 OFFICE	OFFICE HELD (IF any) FORT WIRTH COUNCILMAN DIST. 7	
	GO TO PAGE 2	- / 10 /

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

(512) 463-5800

			, , , , , , , , , , , , , , , , , , ,	
14 C/OH NAME	ENNIS	P. SHINGLETON	15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE E / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages	,	COMMITTEE CAMPAIGN TREASURER ADDRESS		
		COMMITTEE CAMPAIGN TREASURER AUDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,285	
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	0 101 -	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 26,394.09	
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST EDUCATION PERIOD	\$ 80,566.06	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	* - 0 —	
18 AFFIDANT	Territoria de la constanta de	is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by	
AFFIX NOTARY STAM	P / SEAL ABOVE		,	
Sworn to and subs	of Mk		this the nand and seal of office.	
Signature of ortical admir	nistering oath	MARY T.K. M. Printed name of officer administering oath	Title of officer administering oath	

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME SHINGLETON	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC(ID#) CTALE A CUPP	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
4/11/15 6 Contributor address: City; State: Zip Code 9229 HERON OL	\$ 150°00
FORT WONTH TX 76108	(If travel outside of Texas, complete Schedule T)
9 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)
PO BOX 482 FONT WONTH TX 76/01 Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) 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 (See	(If travel outside of Texas, complete Schedule T)
Finisipal occupation 7 300 title (See instructions)	mat detions)
Date Full name of contributor	Amount of In-kind contribution contribution (\$) description (if applicable)
FONT WONTH TX 76102	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	
Date Full name of contributor out-of-state PAC (ID#) ### Buckman	Amount of In-kind contribution contribution (\$) description (if applicable)
2300 Medford Crt East Each line Tx 26100	\$ 250.°
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T)
- molpai occupation / occ tito (occ mattactions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME DENNIS Stingleton	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
4/20/15 6 Contributor address; City; State; Zip Code. 6/2 High Kinds Traul	\$100.00
Fort worth Tx 76/12	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See I	nstructions)
Date Full name of contributor out-of-state PAC (ID#) Barclay Berdun	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code 3639 Escanto A.	£250
fort works Tx 76109	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See I	nstructions)
Date Full name of contributor out-of-state PAC (ID#) Lee + Kathy NICO	Amount of In-kind contribution description (if applicable)
4/20/15 Contributor address; /City; State; Zin Code 3882 South Hills CINCIL Fort Worth Tx 76109	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See I	
Date Full name of contributor out-of-state PAC (ID#) Malcolm Loudev	Amount of In-kind contribution contribution (\$) description (if applicable)
4/28/15 Contributor address; City; State; Zip Code 500 W. 74 SF. Suite 1007	\$5000
fort work Tx 76102	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) Javu : Judelle Havener	Amount of In-kind contribution contribution (\$) description (if applicable)
4/20/15 Contributor address; City; State; Zip Code PO BOX 12/969 POY LOW TX 76/21-1969	\$50. —
Principal occupation / Job title (See Instructions) Employer (See Instructions)	(If travel outside of Texas, complete Schedule T) nstructions)

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2070 Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME DENNIS SINGLETER	3 ACCOUNT # (Ethics Commission Filers)
UK, TOM KRAMPITZ	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 749 N Main ST.	\$250
FORT WORTH TX 76164	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (Se	e Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
4/20/15 Contributor address; City; State; Zip Code 2300 RACE ST. FORT WORTH 7x 76/1/	\$500
4 OPCI WORLIN 1 X	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (Se	e Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
750B WATT TR. 4/20/15 Contributor address; City; State; Zip Code 5321 BENBRIDGE DL.	\$100
FORT WORTH TX 76107	(If travel outside of Texas, complete Schedule T)
	e Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
4/20/15 Contributor address; City; State; Zip Code 54/2 El Camps AVD. Fort Maryl Tx 76/07	\$ 100
FORT WORK 1x 16101	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (Se	e Instructions)
Date Full name of contributorout-of-state PAC (ID#	Amount of In-kind contribution description (if applicable)
4/20/15 Contributor address; City; State; Zip Code 777 Taylor St. Ste 1040 Fort Should To 7/102	³ 250. —
Fort North Tx 76102	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	e Instructions)

P.O. Box 12070

SCHEDULE A

(512) 463-5800

			<i>f</i>
The Instruction Guide explains how to complete th	nis form.	1 Total pages Sch	equie A:
2 FILER NAME Dennis Singleton		3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#) 4/20/5 Roarhara C. Roarh	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Cod 1355 Roaring Sprii Fort Worth Tx	ngs Rd.	\$10.00	of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See I	· · · · · ·	or rexas, complete Scriedule 1)
Date Full name of contributor out-of-state PAC (ID# STACRY L. Tandruc	Ko	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/10/15 Contributor address; City; State; Zip Code 6/17 Westwood Ave Fort Worth Tx	e 2 76107	\$/000	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I		r lexas, complete scriedule 1)
Date Full name of contributor out-of-state PAC (ID#: JON EU F FRANKIP Contributor address; City; State; Zip Code	Robbins	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)	5/08 Employer (See I	<u></u>	of Texas, complete Schedule T)
Timopar occupation 7 300 title (See instructions)	Employer (See II	istructions)	
Date Full name of contributor out-of-state PAC (ID#: Johnson Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
700,72	76136	(If travel outside o	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ir	structions)	
Date Full name of contributor out-of-state PAC (ID#_ Let F. Christie Alia / Contributor address; City; State; Zip Code	,	Amount of contribution (\$)	In-kind contribution description (if applicable)
Fort Worse Tx	600 76102	PJOO (If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In	structions)	

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P.O. Box 12070

SCHEDULE A

The	e Instruction Guide explains how to complete t	his form.	1 Total pages Scho	5 7 22
2 FILER NAME	ennis Skingleton		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID)	-	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/20/15	6 Contributor address; City; State; Zip Con 409 N. Bailey Fort Work Tx		250	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	· · ·	f Texas, complete Schedule T)
3 Trinoipai occi	parion / 300 the (occ mandenois)	16 Employer (Gee		
Date // / /	Full name of contributor out-of-state PAC (ID Tohn f Debbie Auc Contributor address; City; State; Zip. oct	hin baugh	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/20/15	Contributor address; City; State; Zip. 66 4710 Dex fer Fort Worth Tx 7610		\$500	
Principal occu	pation / Job title (See Instructions)	Employer (See	· · · · · · · · · · · · · · · · · · ·	Texas, complete Schedule T)
	paner, coo management,			
Date 4/20/	Full name of contributor out-of-state PAC (ID DICK : EVELYN FISH		Amount of contribution (\$)	In-kind contribution description (if applicable)
Malls	Contributor address; City; State; Vip Cook 8909 (LOSSWIND D. FORT WORLD TX 70	de 6/ <i>70</i>	¥/00	
	7 0 0 7 000 11 -		· · · · · · · · · · · · · · · · · · ·	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID)	ach 11	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/20/15	Contributor address; City; State; Zip Coo		\$500	
		6/09		Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/20/15	Contributor address; City; State; Zip Coo		\$	
-//-	1411 Shady Oaks Lan	Ul 76107	TO50	
Principal occur	pation / Job title (See Instructions)	Employer (See	· · · · · · · · · · · · · · · · · · ·	Texas, complete Schedule T)
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SCHEDULE A

The	Instruction Guide explains how to complete t	this form.	1 Total pages Sch	edule A:
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2 FILER NAME	nis Aingleton		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor Qui-of-state PAC (ID)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/20/15	6 Contributor address; City; State; Zip Co.		\$100	
	1 10.1 10.1 11.	76107	(If travel outside of	of Texas, complete Schedule T)
9 Principal occu	pation / 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)
אניסוף	Control of August City; State; Zip Coo	_	\$250	
	fort worth 1x	76(07	(If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID) Teanurum Vic He	uder som	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/20/15	Contributor address; City; State; Zip Coo 3863 Candelite Law	de L	\$/00.00	
	TOVE WORK 1x	76109	(If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID)	*	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/20/15	Contributor address; City; State; Zip Coo		\$100.00	
	Fort WOML TX	76107	(If traval autaida al	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		rexas, complete scriedule 1)
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
	Full name of contributor utor-state PAC (ID#	· · · · · · · · · · · · · · · ·	contribution (\$)	description (if applicable)
בון עדן ו	Contributor address; City; State; Zip Cod		\$ 100.00	
	Albdo Tx 7600	8	(If travel outside of	Texas, complete Schedule T)
				rexas, complete scriedule 1)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

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POLITICAL	CONTRIBUTI	IONS
OTHER THA	AN PLEDGES	OR LOANS

P.O. Box 12070

SCHEDULE A

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The	Instruction Guide explains how to complete thi	is form.	1 Total pages Sch	nedule A: 7月2ン
2 FILER NAME	Dennis Shingleton		3 ACCOUNT # (E	thics Commission Filers)
4 Date 4/20/15	5 Full name of contributor out of state PAC (ID#	addak	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Fort Worth Tx 76107	,	(If travel outside	 of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	·	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/20/15	Contributor address; City; State; Zip Code 4627 WaShburn AVE	6107	\$100.00	
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date 4/20/15	Full name of contributor out-of-state PAC (ID#_ Elliott Lassek Contributor address; City; State; Zip Code 920 Foch St. Fort Worth Tx 76		Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		rexas, complete deflectule 1)
Date 4/80/15	Full name of contributor out-of-state PAC (ID#_ Out-of-state PAC (ID#_ Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Fort Worth TX 7610	07	(If travel outside o	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		rexas, complete Schedule 1)
1/20/15	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See In		
			r-Ma	

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Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(TDD 1-800-735-2989)

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The	Instruction Guide explains how to complete	this form.	1 Total pages Sch	Bodule A: 22
2 FILER NAME	ennis Gingleton		3 ACCOUNT# (E	thid Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (IE) Mary Palko)#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/20/15		ace west	\$10000	: -
	fort worth 1x	76109	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC(III Robert & Lynn Nic	holas	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/20/15	Contributor address: City; State; Zip Co. 6962 Mira Mar Cisa	e Lo	\$100.00	
	fort horth Tx 76	6126	(If troval outside a	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		or rexas, complete schedule 1)
i inicipal occu	parion / bob had (occ mondonomy)	Limpleyer (dee	mon donomo,	
	Full name of contributor Out-of-state PAC (II	\t \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Amount of	In-kind contribution
Date	Bur & Bette Fairly		contribution (\$)	description (if applicable)
4/20/15	Contributor address; City; State; Zip Co	de	\$ 100 00	
	Fort Worth TX 70	6107	(If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
Date	Full game of contributor out-of-state PAC (ID ANNIE + Harrie He C	achman	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/20/15	Contributor address; City; State; Zip Co		\$300.00	
	For work Tx 76	6/07	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		, , , , , , , , , , , , , , , , , , , ,
Date	Full name of contributor out-of-state PAC (ID	#-	Amount of	In-kind contribution
11/21	1311 + Patty Meador	US	contribution (\$)	description (if applicable)
7 <i>15</i> 115	Contributor address; City; State; Zip Co	de	15 2-	
	3904 Hour Hon AND		450 I	
	Fort Worth Tx 7	16107	(If travel outside o	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		
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SCHEDULE A

The	Instruction Guide explains how to complete th	is form.	1 Total pages School	edule A:
2 FILER NAME	Dennis Shingleten		3 ACCOUNT # (Et	this Commission Filers)
4 Date	5 Full name of contributor $\sqrt{\frac{1}{2}}$ out-of-state PAC (ID#)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/20/15	6 Contributor address; City; State; Zip Cod 280 BQVVY ST. FIRST WORL TX	° 6 109	//OO	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		
Date //aa /	Full name of contributor out-of-state PAC (ID#	Tudith	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/30/15	Contributor address; City; State; Zip Code 8649 CANYON CRST TEXT 76	° 179	¥/00	
Principal occup	pation / Job title (See Instructions)	Employer (See	<u> </u>	f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/00/15	Contributor address; City; State; Zip Code 912 N. Bailey	e	\$ 100	:
,	+NH WING TX 761	107	(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	·	r rexas, complete contention in
Date	Full name of contributor over-of-state PAC (ID#)		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/20/15	Contributor address; City; State; Zip Code 608 Westwood AVE		\$50	
	fort bouth Tx 7	10/	(If travel outside of	Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/00/15		ite 3700	\$2000.	
	Fort Worth Tx 7610			Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	nstructions)	

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(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

SCHEDULE A

The	Instruction Guide explains how to complete t	his form.	1 Total pages Sch	redule A:

2 FILER NAME	Dennis Shingleton		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID)	#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/20/15	6 Contributor address; City; State; Zip Con 508 N Bailey Ave	76107	\$250	 - -
			· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date 4/20/	Full name of contributor	rish	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/20/15	Contributor address; City; State; Zip Cool 1419 Thomas Place Fort Warth TX		\$250	f Truck accordate Catachila T
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor put-of-state PAC (ID Tanice Kneb/ Tom+		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/20/15	Contributor address; City; State; Zip Coo 6725 Medinah W. Fort Worth Tx 76		\$500	
Principal occup	pation / Job title (See Instructions)	Employer (See	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID)	en	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/00/15	Contributor address: City; State; Zip Cool 1800 Washington Tevi Fort IDONE TX 761	ra	\$100	
Principal occup	pation / Job title (See Instructions)	Employer (See I	•	f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/20/15	Soo W. 74 State; Zip Cod 500 W. 74 State; Zip Cod Forf Worth Tx 76		\$2,500	f Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		. 10.40, complete conduite 1)
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Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(TDD 1-800-735-2989)

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A: // み2ン
2 FILER NAME	Jennis Shingleton		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_	RKER	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7/00/15	6 Contributor address; City; State; Zip Code 400 8 Clarke Ave.		\$250	
	Fort Worth Tx 76	101	(If travel outside of	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor	PAYNE	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/20/15	Contributor address: City; State; Zip Code 6321 Juneau Rd. Fort Worth Tx	16/16	\$ 100	
	1011 100114 1X	,		f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date 4/22/15	Full name of contributor out-of-state PAC (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date Alan luc	Full name of contributor out-of-state PAC (ID#_ JULY ASH OVEN Contributor address; City, State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
110113	8712 Overland Dr.	179	F/OO, -	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor out-of-state PAC (ID#_ Charles 3 Dianne Dix Contributes address: City State: Zin Code	con	Amount of contribution (\$)	In-kind contribution description (if applicable)
TIMIS	Contributor address; City; State; Zip Code 3500 Monday Place Fort Work Tx 76	109	Clot travel outside of	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		

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Texas Ethics Commission

SCHEDULE A

The	Instruction Guide explains how to complete th	is form.	1 Total pages Sch	nedule A:
2 FILER NAME	Sennis Shingleton		3 ACCOUNT # (E	thics Compossion Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/24/5	6 Contributor address; City; State; Zip Code 3400 Hawiton Al		\$100 °C	
	fort Worth 1x	76107	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (Se	e Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	hi//	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/22/15	Contributor address; City; State; Zip Code 1608 ASAland AVE		\$250	
	FORT WORK /X	76107	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	e Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/22/15	Contributor address; City; State; Zip Code 8708 Anchorage Cf.	76179	#50. —	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		7 rozas, compete denegate 17
Date	Full name of contributor out-of-state PAC (ID#.		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/22/15	Contributor address; City; State; Zip Code 2650 Farkview Brive Low Lung Tx 760		\$1000.	
D. C. J.	7011 WOITH IN			f Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See	instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_ Greater FW Pack State Contributor address; City; State; Zip Code	Corunel PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/22/1	,,,,,,,	•	B-10 -	
1/22/15	301 Commerce St. 240	10 T	1300.	
Principal occur	30 / Commerce St. 240 Fort Worth Tx 760 pation / Job title (See Instructions)	72 Employer (See		f Texas, complete Schedule T)

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A The Instruction Guide explains how to complete this form. 2 FILER NAME 7 Amount of In-kind contribution contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of In-kind contribution Ontributor address; City; State; Zip Code contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Contributor address; City; State; Zip Code RLOSSWIND DL. contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution ul-of-state PAC (ID#: Amount of contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

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SCHEDULE A

The	Instruction Guide explains how to complete th	is form.	1 Total pages Sch	redule A:
2 FILER NAME	ennis Shingleton		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/27/15	6 Contributor address: City; State; Zip Cod 75 79 Sunfside W.		150	
	Fact Work Tx	76/35	(If travel outside	of Texas, complete Schedule T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer (See	Instructions)	0.2.1
Date 4/27/15	Full name of contributor out-of-state PAC (ID# CH2M HILL PAC - KE)	VC. HALL	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/2/13	Contributor address; City; State; Zip Code 12750 MERIT DR. DALLAS Tx 7625	. STE /100 1-1302		of Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See I		rexas, complete scriedule 1)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/27/15	Contributor address: City; State; Zip Code 4453 CresHine Ro FORT WONTH TX	1. 76107	\$/000. — (If travel outside o	of Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#.		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/27/15	Contributor address: City: State; Zip Code PO BOX 370 Euloss Tx 76039	•	\$500	
Principal occupa	tion / Job title (See Instructions)	Employer (See II		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/27/15	Contributor address; City; State; Zip Code Po BOX 47/285 FATT DOUTH / X	76147	\$ 100	
Principal occupa	tion / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)

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SCHEDULE A

		 .		
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A: 15 1 22
2 FILER NAME	Dennis Shingleton		3 ACCOUNT# (E	thics Commission Filers)
4 Date 4/27/15	5 Full name of contributor out-of-state PAC (ID#_ FILLS NI Chols 6 Contributor address; City; State; Zip Code 4055 I Mematronal 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	FORT WORTH TX 7610	7	(If travel outside of	l of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date 4/27/10	Full name of contributor out-of-state PAC (ID#:	letle	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-7/3		te 300	\$ 75	
	Fort Worth 1x 76	102	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/27/15	Contributor address; City; State; Zip Code 6900 La Cautera Fort Worth Tx 76	108	£200	of Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See II	nstructions)	
Date #/27/	Full name of contributor out-of-state PAC (ID#	laud	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/2/13	1301 Thrack Morton =	⁴ 2503	P250	FTaura consolata Cabadula T
Principal occup	pation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
Date #/27/15	Full rame of contributor out-of-state PAC (ID#_ Contributor address: City; State, Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Fort Worth Tx 1611	2	100-	
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		f Texas, complete Schedule T)

Austin, Texas 78711-2070

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SCHEDULE A

The	Instruction Guide explains how to complete thi	is form.	1 Total pages Sch	edule A: /6 of 22
2 FILER NAME	ennis Shingleton		3 ACCOUNT # (E	thics Commission Filers)
4 Date		iams	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/27/15	6 Contributor address; City; State; Zip Code 3737 Hawi Hon Avo	, 76/07	\$100.00	
	1011 WITH 1X			of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	.	Strada	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/27/15	Contributor address; City; State; Zip Code 805 HillCVBT St, Fact Dan W. Tx	76107	\$200	
	FOIT WORTH IX	1	•	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 4/27/1	Full name of contributor out-of-state PAC (ID#_ Jim t Judy Schel Contributor address; City State; Zip Code	<u>/</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/21/13	901 Washington Terr	100 107	#250 (If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_ Allen		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/27/15	306 W. 7th St. Suite	701	\$250	
Principal occup	pation / Job title (See Instructions)	Employer (See II		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/27/15	Contributor address; City; State; Zip Code 56/8 Ridge Nock Rd.	76132	\$ 100.	
Dringles' serve	7007	,		Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ir	istructions)	
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SCHEDULE A

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2 FILER NAME	Dennis Shingleton		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 4/27/15	5 Full name of contributorout-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1-1/13	3636 W. Biddison	Y /	\$50	
	FOH WOOTH TX 7610	7	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / 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)
7/27/15	Contributor address, City: State: Zip Code 500 Texas Way 760	102-2762	\$500	
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
		, , , ,	·	
Date 4/27/15	Full name of contributor out-of-state PAC (ID#:	ref	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/2/13	777 Taylor St. St. St. Fort Worth Tx 70	1030	\$250	 pf Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 4/22/15	Full name of contributor out-of-state PAC (ID# Record F Tudy HASE Contributor address; City; State; Zip Code	Yell	Amount of contribution (\$)	In-kind contribution description (if applicable)
1101/13	621 Edgefield Rd	67	\$50.	
	Fort Works Tx 76			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/2//15	Contributor address; City; State; Zip Code 500 Throck Morton St. First Worth Tx 76/0	AST 1804	\$250	
Principal occup	pation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
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SCHEDULE A

2 FILER NAME PAN S SINGLE ON STATE PAC (ID#:) 4 Date 5 Full name of contributor	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:)		
ATT CIUTE LUDP	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 9229 Hovon lor.	\$25	
Fort Worth Tx 76108	(If travel outside	of Texas, complete Schedule T)
9 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)
7/2//5 Contributor address: City; State; Zip Code 8040 Valley Wyve	\$500	
North Richard Hills Tx 76182	(If travel outside of	l of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See		
Date Full name of contributor out-of-state PAC (ID#:) LET VIR. Contributor address; City; Statts; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
417 Kivercrest lor.	\$250	
Fort worth Tx 76/17	(If travel outside	l of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	Instructions)	
Date Full name of contributor out-of-state PAC (ID#) RANAY & Elizabeth Gideon	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/27/15 Contributor address: Gity, State; Zip Code 3812 Montrice (16 a.	\$250	
Fort Worth 1x 16101		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 (\$)	In-kind contribution description (if applicable)
4/27/15 Contributor address; City; State; Zip Code 1509 Northwest Ct-	\$ 100-	
Fort Work Tx 76107		of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	Instructions)	

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SCHEDULE A

The	Instruction Guide explains how to complet	te this form.	1 Total pages Sch	edule A: 198W
FILER NAME	Dennis Shingleton		3 ACCOUNT# (E	thics Commission Filers)
Date 4/27/10	5 Full name of contributor out-of-state PAC Tim + Ton: Will to 6 Contributor address; City; State; Zio 3706 (Sestling & A	AD Her	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
101/13	3706 Crestline Rd	76/07	₹/00, —	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)		(See Instructions)	rexas, complete scriedule 1)
Date //27/.	Full name of contributor out-of-state PA	Malu	Amount of contribution (\$)	In-kind contribution description (if applicable)
121/13	4250 Sarita Ct.	74.0	1 500. –	
Principal occu	pation / Job title (See Instructions)	 -	(See Instructions)	f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAGE TIM & GLOVIA AUS		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/27/15	Contributor address; City; State; Zip of AVI SCOH AVI FOXT WORTH TX	76103	\$50. −	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer	(See Instructions)	Texas, complete scriedule 1)
Date //	Full name of contributor out-of-state PAC) Amount of contribution (\$)	In-kind contribution description (if applicable)
127/15	Contributor address; City; State; Zip (3/01) Avondale Ave	code 76109	\$ 150	
Principal occup	pation / Job title (See Instructions)		(If travel outside of (See Instructions)	Texas, complete Schedule T)
Date //27//5	Full name of contributor out-of-state PAC	(ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3736 Clarke AVE Fort Work Tx	76107	(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer	(See Instructions)	

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SCHEDULE A

All	The	Instruction Guide explains how to complete	this form.	1 Total pages Sch	20 g 22
August Terry Wright Contribution (ff applicable)	2 FILER NAME	Dennis Shingleton		3 ACCOUNT # (E	thics Commission Filers)
Finding Finding Full pame of contributor Out-of-state PAC(IDE) Out-o	4 Date	Marsha & Terry	wright		8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) 10	4/27/15	·		\$50	
Date Full pame of contributor out-of-state PAC(IDIX Amount of contribution (\$) description (if applicable)		fort work /x	16107	(If travel outside	of Texas, complete Schedule T)
Contributor gidress; City: State: Zip Code Amount of Contribution (fi applicable) Contribution of Texas, complete Schedule T) Contributor address; City: State: Zip Code Contribution (fi applicable) Contribution of Texas, complete Schedule T) Contribution of Texas, complete Schedule T	9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Principal occupation / Job title (See Instructions) Date Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) In-kind contribution description (if applicable) Amount of contribution (\$) In-kind contributio	Date	Millo Patherson			In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Authorized PAC (IDIE	4/27/15	2310 loest I-20 S	into 100	\$1000. —	
Date Amount of contribution Out-of-state PAC (IDIF) Amount of contribution (\$) In-kind contribution (if applicable)					of Texas, complete Schedule T)
Contributor address; City; State; Zip Code Contributor Contributor Contributor Contributor Contributor Contributor Contributor Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor Contributo	Principal occup	oation / Job title (See Instructions)	Employer (See	Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor	Date	λ			In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) In-kind contribution description (if applicable) Contributor address; City; State; Zip Code // Contributor / Contributor (\$) In-kind contribution description (if applicable) Date Full name of contributor / Contributor / Contributor / Contributor (\$) In-kind contribution (\$) Contribu	4/27/15			\$2500	
Date Full name of contributor out-of-state PAC (ID#:	Deit eine I e e e e				of Texas, complete Schedule T)
Contributor address; City; State; Zip Code //27//S Contributor address; City; State; Zip Code //27//S Contributor address; City; State; Zip Code //27//S Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description (if applicable) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) description (if applicable) Amount of contribution (\$) description (if applicable) Contributor address; City; State; Zip Code 7/5	Principal occup	varion / Job title (See Instructions)	Employer (See	Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) In-kind contribution description (if applicable) Applicable (See Instructions) Amount of contribution (\$) In-kind contributi	Date 4/22	Conservative Voters to	rum		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#	121/15	1141 Towares This	· T 7/152	7/500	fT
H/27/s Kay Grayer Caryaucu Contribution (\$) description (if applicable)	Principal occup		_ i		r rexas, complete Schedule 1)
7/27//5 Contributor address; City; State; ZipCode 7/5 Jones St. Ste 101 Fort Worth Tx 76102 (If travel outside of Texas, complete Schedule T)	Date				
(If travel outside of Texas, complete Schedule T)	4/27/15	Contributor address; City; State; Zip Coo	/ <i>0</i> /	250	
		Fort Worth 1x 761	02	(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See		Solioudio 1/

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SCHEDULE A

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2 FILER NAME	Dennis Stingleton		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#.	· V/S	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/21/13	6 Contributor address; City; State; Zip Code 330/ Byers Ave		⁴ 2D	
	Fort Worth Tx 761	- · · · · · · · · · · · · · · · · · · 	<u> </u>	of Texas, complete Schedule T)
9 Principal occup	pation / 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)
4/21/15	Contributor address; City; State; Zip Code 3535 W. 7th St.		\$100	
				f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#:	ATE PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/28/15	Contributor address; City; State; Zip Code 1201 N BOWSEL RD. RICHALDSON TX 75	1	500	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		. Tokac, complete contents ty
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/28/15	Contributor address; City; State; Zip Code 3045 KACKLANA RA.		\$ 2500	
	FORT WORTH 1 x 761	116	 (If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor out-of-state PAC (ID#:_	TON	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/28/15	Contributor/address; City; State; Zip Code 57404 El Dovodo Dr.		\$50.	
		107		Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ir	structions)	İ
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SCHEDULE A

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2 FILER NAME	Deunis Shingleton		3 ACCOUNT # (E	ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	ISON	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/20/13	6 Contributor address; City; State; Zip Code 9013 CLOSSWIND DL FOLT WOLTH TX	76179	\$100	
0 B-ff1				of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#.	EAVENS	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/28/15	Contributor address; City; State; Zip Code 3839 SOUTH HILLS C	LECLE 16109	\$50	
	70,01 000,01		(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date /	Full name of contributor out-of-state PAC (ID#,)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/28/15	Contributor address; City; State; Zip Code FIO 1 BEADAND PAUK		\$250	
	FOLT WONTH TX 76,	10/	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date # 1/261	Full name of contributor out-of-state PAC (ID#_ WELDON	AFLEY	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/23/15	8304 BELFRY CHT FOAT WONTH TX 76,	_	\$/00	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		 	
Principal occur	pation / Job title (See Instructions)	Employer (See 1		f Texas, complete Schedule T)
i micipai occup	anon, non the (dec illetinctiolis)	Employer (See II	กอสนับเดียร์)	İ
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POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement								
	•	-							
Accounting/Banking	Legal Services	Solicitation/Fundra	- ,	Transportation Equipment & Related Expense					
Consulting Expense	Food/Beverage Expense	Travel in District		Contributions/Donations Made By					
Event Expense	Polling Expense	Travel Out Of Dist	trict	Candidate/Officeholder/Political Committee					
Fees	Printing Expense	Office Overhead/R	Rental Expense (OTHER (enter a category not listed above)					
	The leaders dies Oulds		·						
The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)					
3	1 /	Shinale	1-1	(2000)					
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4 Date	5 Payee name								
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8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (I	f travel outside of Texas, complete Schedule T)					
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EXPENDITURE	HOOD I BEVENOUSE EXP	une !	+Unaviu	ising expense					
			Check if Aus	stin, TX officeholder living expense					
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9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held					
expenditure to benefit C/C	H								
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PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If	f travel_outside of Texas, complete Schedule T)					
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EXPENDITURE	/	<i>\</i>	☐ Check/IfAus	stin, TX, officeholder living expense					
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held					
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PURPOSE	Category (See categories listed at the top of	of this schedule)	Description 🕼	complete Schedule T)					
OF		· .	Drintrus	& AIRILA, EVACION					
EXPENDITURE	KAIN town	<i>\</i>		inulling expose					
	1 Milling		Check#rAus	tin, TX, officeholder living expense					
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held					
expenditure to benefit C/C									
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									
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POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

(512) 463-5800

		TEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services So Food/Beverage Expense Tra Polling Expense Tra Printing Expense Off	laries/Wages/Contract Labor licitation/Fundraising Expense avel In District avel Out Of District fice Overhead/Rental Expense plains how to complete this fo	contract Labor Loan Repayment/Reimbursement ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee lental Expense OTHER (enter a category not listed above)		
Total pages Schedule F:	2 FILER NAME DENNIS	P. SHINGLETON	3 ACCOUNT # (Ethics Commission Filers		
#/20/2015	5 Payee name	et.			
Amount (\$)	7 Payee address; City; State;	Zip Code			
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PURPOSE	(a) Category (See categories listed at the top of thi	s schedule) (b) Description	(If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Food Beveroge Expen		USING EVEUT Austin, TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	office held		
Day 4/20/2015	Greater Fort World	Civic Leaders	Assoc		
Amount (\$)	Payee address; City; State;				
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PURPOSE	Category (See categories listed at the top of this	schedule) Description	(If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Donatron		ation ustin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sough	t Office held		
Date /21 /2015	Payee name Pearl Snap Kola	che			
Amount (\$) 260. —	Payee address; City; State; HOOE WHITE SETTE FORT WOUTH 7	Zip Code USMENT RD	76(0)		
DI IDDOO-	Category (See categories listed at the top of this	schedule) Description	(If travel outside of Texas, complete Schedule T)		
PURPOSE OF EXPENDITURE	Food/Boverage Expense	Fundra	USING EVAUL ustin, TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	<u> </u>		
Date 1/24/2015	Payee name	,			
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27/8.05	4055 International	Paga Sulte 5 76189			
PURPOSE OF EXPENDITURE	4055 Informational FORT WORTH IX Category (See categories listed at the top of this Printing	76189	If travel outside of Texas, complete Schedule T)		

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE	CATEGORIES	OR BOX 8(a)	<u> </u>				
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Solicitation/Fundraising 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:	2 FILER NAME DENNIS A	ingleton		3 ACCOUNT	# (Ethics Commission Filers)			
4 Date /27 //5	5 Payee name EASTEIN GI	ver						
6 Anfount (\$) \$15,000. —	1 1	ate; Zip Code MAL Play	s Suite 189	600				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	p of this schedule)		(If travel outside of Texa	as, complete Schedule T)			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough		Office held			
Date 4/29/15	Payee name KARA LAWI	ZENCE						
Amount (\$)	Payee address; City; State; Zip Code							
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule)	A .	(If travel outside of Texa	s, complete Schedule T)			
	SALARIES		Check if A	ustin, TX, officeholder	living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	t	Office held			
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PURPOSE OF	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)					
EXPENDITURE			Check if Au	ustin, TX, officeholder	living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held			
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Amount (\$)	Payee address; City; Sta	te; Zip Code						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)		If travel outside of Texas	s, complete Schedule T)			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								