Texas Ethics Commi	ssion P.O. Box 12070 Austin, Texas	78711-2070 (51	2) 463-5800 1-800-325-8506
FFLCHIBLES TYAGEOR	TE OFFICEHOLDER		FORM C/OH COVER 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	MS/MRS(MR) FIRST DENNIS	P .	OFFICE USE ONLY Date Received
	SHINGLETON	SUFFIX	(50189101)
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; P. 0. Box 470336	STATE; ZIP CODE	RECEIVED
Change of Address	FORT WORTH TX	76147	CITY OF FOAT WORTH AND CITY SECRETARY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (8/7) 236 - 79	EXTENSION 769	Reseipt # Amount Date Processor (//
6 CAMPAIGN TREASURER NAME	MS/MR FIRST NICKNAME LAST	MI Suffix	Date Imaged
	STEVENSON		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		CITY; STATE; MAIN ST.	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 390 - 8509	X 76/02 EXTENSION	
9 REPORTTYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 02/14/2011 THROUGH	Month Day 04/04	Year / 20 //
11 ELECTION	ELECTION DATE ELECTION TYPE	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	DUNCK DIST. 7
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURE CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION	/ ES MADE BY OTHERS WITHOUT THE	E CANDIDATE'S PRIOR CONSENT OR APPROVAL.
BY OTHER INDIVIDUALS	Name NONE		
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
	GO TO PAGI	E 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

			OOVER ONEET PG Z
15 C/OH NAME	ENNIS	7. SHINGLETON 1	16 ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	NDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 34,025.—
, <u>.</u>		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 34,025.— \$ 34,025.— ZED \$ 1,142.73
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	SED \$ 1,142.73
	4. TOTAL	POLITICAL EXPENDITURES	\$ 25,017.95
CONTRIBUTION BALANCE	5. TOTAL P	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DO	s 9.007.05
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	
19 AFFIDAVIT			
Notary Publ	C. TURMAN ic, State of Texas nission Expires 17, 2014	is true and correct and includes all in me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by additional to the r
AFFIX NOTARY STAMP		Dean's Hisadal	
Sworn to and subso	of April	ne, by the said JUNIS MINGERO	, this the y hand and seal of office.
Signature of officer admini	stering oath	Printed name of officer administering oath	Votacy Title of officer administering oath

SCHEDULE A

	he Instruction Guide explains how to complete thi	is form.	1 Total pages Sci	nedule A:
PILER NAM	DENNIS SHINGLETON		3 ACCOUNT # (thics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#	ISEN	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
	6 Contributor address; City; State; Zip Code 4004 HARTWOOD FONT WALTH /x 76109	•	\$ 500.00	 -
			(If travel outside	of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	10 Employer (See		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
2/5/11	Contributor address; City; State; Zip Code 1207 HILL CREST ST.		\$ 1000 0	
	FORT WORTH TX 7610	フ		
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		T	
1/18/11	MR. & MRS. JOHN V. IN	BACH 11	Amount of contribution (\$)	In-kind contribution description (if applicable)
// 0///	Contributor address; City; State; Zip Code 2805 ALTON ROAD FONT WONTH TX 76		\$100000	
Principal occu	upation / Job title (See Instructions)	Employer (See		f Texas, complete Schedule T)
			mstractions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
128/11	Contributor address: City; State; Zip Code 5 7000 HOLLOW DAK TR MANSFIELD TX 76063		250000	
Principal occur	pation / Job title (See Instructions)		(If travel outside of	Texas, complete Schedule T)
	pation / Job line (See Mistructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
00/11	Contributor address; City; State; Zip Code 500 W. 745 St. STE 1007 FORT WONTH TX 7610	02	\$ 2500 =	
	1/01-1 WUNTIN /X /6/6	-	(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In	ti navei eareide oi	rexas, complete scriedule 1)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

T	he Instruction Guide explains how to complete th	nis form.	1 Total pages Sci	chedule A:
2 FILER NAM	AE /			Ethics Commission Filers)
	NIS SHINGLETON			Lunes Commission i mers,
4 Date	5 Full name of contributor out-of-state PAC (ID#	. ·) 7 Amount of	8 In-kind contribution
21.11	ANN! MALCOM LOUBE	EN .	contribution (\$)	description (if applicable
178/11	6 Contributor address; City; State; Zip Coc	ie	I de au	
10 -/1/	6 Contributor address; City; State; Zip Cod		35000	1
	FORT WORTH TX 761	'07	"If the self-outside	
Principal occ	cupation / Job title (See Instructions)			of Texas, complete Schedule T)
	upadon / Job tide (See maddonons)	10 Employer (See	: Instructions)	
Date	Full name of contributor		Amount of	de trient en skilkrytien
	GOOD GOVERNMENT FUND		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/2/1,	4000 Gurani			description (ii approxima
2/4/11	Contributor address; City; State; Zip Code 201 MAIN ST. SUITE 25		18	I
• •	201 MAIN ST. SUITE 25	700	2000	I
				ı
	FORT WORTH 1x		1	ĺ
Principal occ	cupation / Job title (See Instructions)	T =(0	(If travel outside c	of Texas, complete Schedule T)
	apation / Job title (See matricuona)	Employer (See	Instructions)	
Date	Full name of contributor)	1	
, ,			Amount of contribution (\$)	In-kind contribution description (if applicable)
3/, /.	July G NEEDHAM Contributor address; City, State; Zip Code		1	description (n approximately
14/11	Contributor address; City; State; Zip Code	· · · · · · · ·	\$25000	I
' /	5328 COLLINWOOD AVE		100.	ı
				1
Principal occi	FONT WONTH TX 76 upation / Job title (See Instructions)	T		of Texas, complete Schedule T)
Гиор.	ipation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor ut-of-state PAC (ID#			
•			Amount of contribution (\$)	In-kind contribution description (if applicable)
۲/ /	DON : JUDITH PESKA	,	CONTINUED (4)	description (if applicable)
12/11	Contributor address; City; State; Zip Code	; · · · · · · · · · · · · · · · · · · ·	1 10	
' '''	5017 RANCH VIEW RD.	!	\$ 10000	
	FORT WONTH TX 76109			
	TURI WURLIN 17 10101	!	(If travel outside of	f Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I	Instructions)	lexas, complete concount .,
	Full name of contributor		A numb m6	- 14 4
Date	out-or-state-FAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	The man I Channel I IN AY The	lice kneek wo	1	description (ii approable)
Date	THOMAS V FAIRCHILD PAD! JAN	1		
3/5/,,	Contributor address; City; State; Zip Code		1 20	
3/5///	Contributor address; City; State; Zip Code 6725 MEDINAH DR.		\$ 500 00	
3/5///	Contributor address; City; State; Zip Code 6725 MEDINAH DR.		\$ 500 00	
3/5/11	Contributor address; City; State; Zip Code	Employer (See Ir	#500 °C	Texas, complete Schedule T)

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SCHEDULE A

		1	
The Instruction Guide explains how to complete t	his form.		17 17
2 FILER NAME DENNIS SHINGLETON		3 ACCOUNT # (E	ettecs Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID)	DAS	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/7/// 6 Contributor address; City; State; Zip Con Z505 DARTFORD BEND	de	\$ 25.00	
CEDAR PARK TX 7	8613	(If travel outside of	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: 3/7/// Contributor address; City; State; Zip Coc		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/08 TERRACE DAKS LN	<i>/</i> .	\$ 100 00	
FORT WARTH TX 16112		(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See		
Date Full name of contributor out-of-state PAC (ID) Solve of State PAC (ID) Solve out-of-state PAC (ID) Contributor address; City; State; Zip Cod Solve out-of-state PAC (ID)		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)	76/07 Employer (See I		f Texas, complete Schedule T)
Date Full name of contributor out-of-state PAC (ID# ALFRED J JUANA DANI Contributor address; City; State; Zip Code 1395 RUANNG SPRINGS	ELL	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		i (If travel outside of	Texas, complete Schedule T)
Date Full name of contributor out-of-state PAC (ID#	WN	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code	e	\$100	
Principal occupation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
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SCHEDULE A

	ne Instruction Guide explains how to complete this form.	1 Total pages Sci	hedule A: ウィフ
FILER NAM	UNIS SAING CETON	3 ACCOUNT # (thics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicab
1/5/11	DWAND P. BASS 6 Contributor address; City: State; Zip Code 201 MAINST. SUITE 3100	2000.	
Principal occ	upation / Job title (See Instructions) 10 Employer ((If travel outside	of Texas, complete Schedule T
		(See Instructions)	
Date	Full name of contributor ut-of-state PAC(ID#:	Amount of contribution (\$)	In-kind contribution description (if applicabl
16/11	Contributor address: City; State; Zip Code 4820 BRYCE AVE	\$125.00	
	FW TX 76107	(If travel outside o	of Texas, complete Schedule T)
Principal occu		(See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#: MARSHA TERRY WRIGHT	Amount of contribution (\$)	In-kind contribution description (if applicable
116/11	Full name of contributor out-of-state PAC (ID#:	\$10000	!
	FW TX 76107	(If travel outside c	of Texas, complete Schedule T)
Principal occu		See Instructions)	Flexas, complete somedaie 17
Date	Full name of contributor out-of-state PAC (ID#: DHN & DEBBIE AUGHINBACH) Amount of contribution (\$)	In-kind contribution description (if applicable
3/16/11	Contributor address; City; State; Zip Code 47/0 DEXTER AVE.	\$10000	
	FW TX 76/01	/If troval outside of	
Principal occup	pation / Job title (See Instructions) Employer (S	(if travel outside of See Instructions)	f Texas, complete Schedule T)
Date	Full name of contributor	Amount of	In-kind contribution
!	ADELAIDE F ON LEAVEUS Contributor address; City; State; Zip Code	contribution (\$)	description (if applicable
16/11		50 50-	
3/16/11	3839 SOUTH HILLS CIE.	750	

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	CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS		SCHEDULE A
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch 5 の	A
2 FILER NAME	INIS SHINGLETON		3 ACCOUNT #U(E	thics Commission Filers)
3/16/11	5 Full name of contributor out-of-state PAC (ID#	72US	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	+ONT WONTH /x /	6707	i	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ WILLIAM & ANN GREEN HI	ILL	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/16/11	Contributor address; City; State; Zip Code 1608 ASHLAND AVE.		250.00	
	FW TX 76107		(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
3/16/11	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	FT. WONTH TX 1610		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
3/ _{16/11}	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	FW TX 76109 pation / Job title (See Instructions)	Employer (See Ir		f Texas, complete Schedule T)
Date 3/,, /	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/16/11	Contributor address; City; State; Zip Code 4070 CLARKE AVE FW TX 76107		JW-	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		i iezas, complete scriedule 1)
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SCHEDULE A

	he Instruction Guide explains how to complete	this form.	1 Total pages Sch	nedule A:
FILER NAM	DENNIS NAINGLETON		3 ACCOUNT # (thics Commission Filers)
1 Date		TCHELL) 7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
116/11	6 Contributor address; City; State; Zip Co	ode	\$5000	 -
<u> </u>	FW 7x 76107		(If travel outside d	of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	10 Employer (See Instructions)	
Date	Full name of contributor ut-of-state PAC (ID) Amount of contribution (\$)	In-kind contribution description (if applicable
3/16/11	Contributor address; City; State; Zip Co			description (ii applicable
, - ///	777 MAIN ST STE	3600	\$10000	
Deimoired	14W TX 76/02		(If travel outside of	Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (S	ee Instructions)	one concede ()
Date	Full name of contributor out-of-state PAC (ID	# PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/6/11	HALFF ASSOCIATES STA Contributor address; City; State; Zip Coo 1201 NONTH BOWSER		\$ 500.00	
		5081	(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (Se	ee Instructions)	state, complete defledule 1)
Date	Full name of contributor ut-of-state PAC (ID#		_) Amount of contribution (\$)	In-kind contribution
1/2/	Contributor address; City; State; Zip Code 42/3 (ANDLENIN LN		\$ 00	description (if applicable)
121/11			7200-	
Principal occur	FOUT WOUTH /X 78 pation / Job title (See Instructions)	6/33	(If travel outside of	Texas, complete Schedule T)
	odulon, sob tile (see mistructions)	Employer (Se	e Instructions)	
Date /	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
21/11	Contributor address; City; State; Zip Code 417 RIVENCLEST St.		\$ 1000	,
]//			, , , ,	
///	FORT WORTH TX 76	6107		exas, complete Schedule T)

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SCHEDULE A

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	NNIS SHINGLETON		3 ACCOUNT # (I	Ethic Commission Filers)
Date	5 Full name of contributor out-of-state PA	C(ID#:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
12/11	CHARLES W. NIXON 6 Contributor address; City; State; Zip 104 CLESTWOOD XL.	Code	\$200 0	 -
Principal oc	FOAT WONTH TX cupation / Job title (See Instructions)	10 Employer (S	(If travel outside	I of Texas, complete Schedule T)
D-4-				
Date	Full name of contributor out-of-state PAI DICK # EVELYN FI	154	_) Amount of contribution (\$)	In-kind contribution description (if applicable)
121/11	8909 (NOSSWIND) DA	Code	\$10000	
	FORT WORTH TX	76179		
Principal occ	supation / Job title (See Instructions)	Employer (Se	e Instructions)	f Texas, complete Schedule T)
Date	Full name of contributor			
3/2/	Contributor address; City; State; Zip C		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/11	1411 SHADY OAKS LA	Code V.	\$1000.00	
	YOUT WOLTH IX	76107	(If traval autoids at	· ·
Principal occu	upation / Job title (See Instructions)	Employer (Se	e Instructions)	f Texas, complete Schedule T)
Date	Full name of contributor ut-of-state PAC	(ID#:	Amount of	In kind contribution
/21/	STEVE R. RUSSE. Contributor address; City; State; Zip C		contribution (\$)	In-kind contribution description (if applicable)
2/11		HLAND DL.	\$ 250 00	
	tout WONTH IX	76/32	1	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (II	- <u> </u>	T	
/21/,	RICE TILLEY		Amount of contribution (\$)	In-kind contribution description (if applicable)
/"	201 MAINST STCZ	200	\$10000	
	FORT WORTH /X	76102		
rincipal occup	ation / Job title (See Instructions)	Employer (See	(If travel outside of]	[exas, complete Schedule T)

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SCHEDULE A

T	he Instruction Guide explains how to complete t	his form.	1 Total pages Sc	hedule A:
2 FILER NAM	DENNIS SHINGLETON	V	3 ACCOUNT # 4	Ethics Commission Filers)
1 Date	5 Full name of contributor Out-of-state PAC (ID)	<	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
121/11	6 Contributor address; City; State; Zip Coo 2/20 RIDSEMAK /SL		250 00	1
Principal occ	cupation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor U out-of-state PAC (ID#	t	Amount of contribution (\$)	In-kind contribution description (if applicable
7/21/11	Contributor address; City; State; Zip Cod	e	1 .	
/ '	1251 WEST MAGNOL		9250 de	
	TOAT WEATH IX	76104	(If travel outside o	of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See		post concease in
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/22/11	BILL PAT MEA. Contributor address: City; State; Zip Code 3904 HAMILTON AVE	· · · · · · · · · · · · · · · · · · ·	\$50000	
	+W TX 7610;	7	(If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		r locas, complete dulledule 1)
Date	Full name of contributor out-of-state PAC (ID#:	\	Amount of	
/ ,	JULIA & STEVE KAYL	OR.	contribution (\$)	In-kind contribution description (if applicable)
122/11	Contributor address; City; State; Zip Code 7649 EAGLE RIDGE C	IKCLE	\$ 25000	
	FW TX 76179			_
Principal occup	pation / Job title (See Instructions)	Employer (See		Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution
	1	ERO661E	contribution (\$)	description (if applicable)
1771.	Contributor address: City: State: 7:- 0-4-		D	
122/11	Contributor address; City; State; Zip Code 4732 WASHBURN AVE	•	730	
122/11		- -	7 30	Texas, complete Schedule T)

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	TICAL CONTRIBUTIONS R THAN PLEDGES OR LOANS		SCHEDULE A
T	he Instruction Guide explains how to complete this form.	1 Total pages Sc	hedule A:
FILER NAM	NEWNIS SHINGLETON	3 ACCOUNT#	Ethics Commission Filers)
Date			
2/ ,	ROBERT B. & LYNN XICHOLAS	_) 7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
122/11	ROBERT B. & LYNN NICHOLAS 6 Contributor address; City; State; Zip Code 5309 EL CAMPO	\$50 00	
	FW TX 76107		of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions) 10 Employer (Se		or rexas, complete Schedule 1)
		, 	
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable
122/11	Contributor address; City; State; Zip Code 8708 ANCHONAGE CIT.	\$ 150 00	
	7W 7x 76/09	(If travel outside o	of Texas, complete Schedule T)
Principal occi	unation / I-b ##- (O . I .)	e Instructions)	rexas, complete schedule 1)
Date	Full name of contributor) Amount of	
, ,		Amount of contribution (\$)	In-kind contribution description (if applicable)
22/11	CONICAD SCHMID Contributor address; City; State; Zip Code PO BOX 47/635	\$10000	
	FW TX 76147		
Principal occu	pation / Job title (See Instructions) Employer (See	(If travel outside o	f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$)	In-kind contribution description (if applicable)
27/1	Contributor address; City: State; Zip Code	1	
2//11	2300 Medford C+ E	1000	
	TT Worth 76109	(If travel outside of	Texas, complete Schedule T)
rincipal occuj	pation / Job title (See Instructions) Employer (See	Instructions)	roxus, complete outledule 1)
ate	Full name of contributor ut-of-state PAC (ID#:	Amount of	
27/11	Roed Pigman Jr. Contributor address; City; State; Zip Code	contribution (\$)	In-kind contribution description (if applicable)
,,,	200 Texas hay Ff hoses Tx 76106	9500 =	
	intian / Jah Alla (October 1997)	(If travel outside of	Texas, complete Schedule T)
incipal occur		Instructions)	
incipal occup	Employer (See	mon actions)	

OTHE	TICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	ANS		SCHEDULE A
	ne Instruction Guide explains how to complete t	his form.	1 Total pages Sci	nedule A:
PILER NAM	nis Slingleton		3 ACCOUNT # (E	cs Commission Filers)
Date	5 Full name of contributorout-of-state PAC(ID#	4)\	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
3/27/11	6 Contributor address; City; State; Zip Coo. 4904 DEXTER AVE.	de	\$ 100 =	
	I tt. Worth Tx 7	76107	(If travel outside	l of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	10 Employer (See I		er jonas, complete deficade 1)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable
127/11	Contributor address; City: State; Zip Code 9225 Horon Dr. Ff Worth 76/08	e	45000	
			(If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	r rexas, complete schedule ()
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
/27/11	NICOLO 5 GENUA Contributor address: City: State: Zip Code 508 N. BAILEY AVE		contribution (\$)	description (if applicable)
		1	B/00 =	
Deinstead	+T- WONTH /x	76107	(If travel outside o	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In:		
Date	Full name of contributor out-of-state PAC (ID#_ LINEBARGER GUESAN BLAN	e & Starpson	Amount of contribution (\$)	In-kind contribution description (if applicable)
12//11	Contributor address; City; State; Zip Code P. O. BOX 17428		\$ 1000 =	
Principal occup	Pation / Job title (See Instructions)	Employer (See Ins	(If travel outside of	Texas, complete Schedule T)
			. ,	
Date /	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
27/11	Contributor address; City; State; Zip Code Z300 RACE 57.		\$ 25000	
	FW TX 76111			
rincipal occup	ation / Job title (See Instructions)	Employer (See Inst		Texas, complete Schedule T)
			•	

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 2 FILER NAME Dennis Shingleton ate 5 Full name of contributor out-of-state PAC(ID#: 27/// 6 Contributor address; City; State; Zip Code 404 HARTWOOD 7 Amount of 8 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) JEYMOUR SOHMER Contributor address; City; State; Zip Code WULTH TX 76107 (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 0. BOX 150689 description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Full name of contributor

Amount of ontribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5510 CANYON RO # 1125

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions

Employer (See Instructions)

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POLIT	TICAL CONTRIBUTIONS R THAN PLEDGES OR LO	ANS		3-5800 1-800-325-85 SCHEDULE A
T!	he Instruction Guide explains how to complete	this form.	1 Total pages Sc	hedule A:
2 FILERWAM	nnis Ringhton		3 ACCOUNT # (I	Ethics Commission Filers)
4 Date 3/27/11	5 Full name of containutor out-of-state PAC (ILL TOHN H. WILLIAMS 6 Contributor address; City; State; Zip Co 4737 LAFAYETTE M		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occi	## To World Tx 7 pupation / Job title (See Instructions)	10 Employer (See I	(If travel outside onstructions)	of Texas, complete Schedule T)
Date 3/27/11	Full name of contributor out-of-state PAC(ID MICHAEL B MUFL Contributor address; City; State; Zip Coo 2234 LDARIE LN.	L 5/L	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See In	(If travel outside o	f Texas, complete Schedule T)
127/11	Contributor address; City; State; Zip Cod 3101 AVONDALE AVE FT WORTH TX		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	(If travel outside of structions)	Texas, complete Schedule T)
Date 28/11	F11) 71, 91, 17	Heoper	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	(If travel outside of tructions)	Texas, complete Schedule T)
28/11	Full name of contributor out-of-state PAC(ID#_ARNULD \$ the cyrethe Contributor address; City; State; Zip Code 224 Shart Cals	Gachman	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	tion / Job title (See Instructions)	Employer (See Inst	(If travel outside of T ructions)	exas, complete Schedule T)
If cor	ATTACH ADDITIONAL COPIES Ontributor is out-of-state PAC, please see instru	F THIS SCHEDULE AS	NEEDED	

SCHEDULE A

Th	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAM	Diagram P Sharahala	3 ACCOUNT # (Ethies Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#: Carland & MOLLIE LASATE	7 Amount of contribution (\$) description (if applicable
9 Principal occi	upation / Job title (See Instructions) 10 Emplo	(If travel outside of Texas, complete Schedule T) over (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
5/28/11	4200 S. Hulenst. Ste Fw. TV 710109	(If travel outside of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) Employ	yer (See Instructions)
Date 3/28/11	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable)
Deinsinala	PW. TY 76179	(If travel outside of Texas, complete Schedule T)
- Incipal occup	pation / Job title (See Instructions) Employ	yer (See Instructions)
Date 3/2-4/11	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable)
	FW, TY 76179	(If travel outside of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions) Employe	er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	
/30/11	Contributor address; City; State; Zip Code	\$1000
1/30/11	Contributor address; City; State; Zip Code 2404 CHIMNEY HILL DL ARLINGTON TX 76012	(If travel outside of Texas, complete Schedule T)

SCHEDULE A

	ne Instruction Guide explains how to complete	this form.	1 Total pages So	hedule A:
FILER NAM	DENMS SHIBLETON		3 ACCOUNT # (I	thics Commission Filers)
Date	5 Full name of contributor Out-of-state PAC(III		7 Amount of contribution (\$)	8 In-kind contribution description (if applicat
/30/11	6 Contributor address; City; State; Zip Co	ode LACE	\$500 0	 - -
Principal occu	Jupation / Job title (See Instructions)	40 Employee (6	(If travel outside	of Texas, complete Schedule
	(Control de la control de la c	10 Employer (S	See Instructions)	
Date	Full name of contributor ut-of-state PAC (ID JAMES R. HARRIS) Amount of contribution (\$)	In-kind contribution description (if applicab
130/11	Contributor address; City; State; Zip Co	de /	\$ 1000 00	
Dain air al	76107		(If travel outside o	Texas, complete Schedule T
-nincipal occu	pation / Job title (See Instructions)	Employer (S	ee Instructions)	
Date	Full name of contributor out-of-state PAC (ID	#) Amount of	In-kind contribution
30/11	RANZELL NICKELSON Contributor address; City; State; Zip Coo. 4108 TAMWOLTH RA		contribution (\$)	description (if applicab
,	4108 TAMWOLFH RD. FW TX 76116		25000	
rincipal occup	pation / Job title (See Instructions)	Employer (Se	(If travel outside of ee Instructions)	Texas, complete Schedule T
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable
	Contributor address; City; State; Zip Cook 8410 GOLF CLUB FW. 76179	Dec.	\$1000	
incipal occupa	ation / Job title (See Instructions)	Employer (Sec	(If travel outside of e Instructions)	Texas, complete Schedule T)
ate	Full name of contributor ut-of-state PAC (ID#:			
34/	WESLEY R. TUNER Contributor address; City; State: Zip Code	<u>-</u>	Amount of contribution (\$)	In-kind contribution description (if applicable
711	500 West 1th St. Sui	4 1701	25000	
	+aut want 7610	•		

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SCHEDULE A

	he Instruction Guide explains how to complete t	his form.	1 Total pages So	
2 FILER NAM	ME \			5 g 17
	DENMS SHINGLETON		3 ACCOUNT#(Ethies 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
739/11	6 Contributor address; City; State; Zip Cod 6//S CAMP BOWIE BU		\$10000	
O Dein-i1	FW 7X 76116		(If travel outside	of Texas, complete Schedule T)
9 Principal occ	cupation / Job title (See Instructions)	10 Employer (See	Instructions)	, samples conceded ()
Date	Full name of contributor out-of-state PAC(ID#		T = =====	
3/20/1	FREESE ! NICHOLS	PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
129/11	Contributor address; City; State; Zip Code #055 / NTERNATIONAL	PLAZA	\$250°	
	FORT WONTH TX 76	109		
Principal occi	upation / Job title (See Instructions)	T	(If travel outside of	f Texas, complete Schedule T)
		Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_	HAFLEY	Amount of contribution (\$)	In-kind contribution description (if applicable)
750/11	Contributor address; City; State; Zip Code		d 10	
•	8304 BELFRY CLT.		7/00-	
	FORT WONTH TX 761	179	7/00-	
Principal occu		79 Employer (See	(If travel outside o	f Texas, complete Schedule T)
Principal occu	FORT WONTH TX 76 pation / Job title (See Instructions)	T	Instructions)	f Texas, complete Schedule T)
	FORT WONTH TX 761	T	(If travel outside of Instructions) Amount of contribution (\$)	In-kind contribution
	FORT WONTH TX 76 pation / Job title (See Instructions)	T	Instructions) Amount of	
	FOIT WOITH TX 76 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#_	T	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	FOIT WOITH TX 76 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#_	T	Amount of contribution (\$)	In-kind contribution
Date	FOIG WONTH TX 16 / pation / Job title (See Instructions) Full name of contributor	Employer (See	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date Principal occup	FOIG WONTH TX 76 pation / Job title (See Instructions) Full name of contributor	Employer (See	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date Principal occup	FOIG WONTH TX 16 / pation / Job title (See Instructions) Full name of contributor	Employer (See	Amount of contribution (\$) (If travel outside of nstructions)	In-kind contribution description (if applicable) Texas, complete Schedule T) In-kind contribution
Principal occup	FOLT WONTH TX 16 / pation / Job title (See Instructions) Full name of contributor	Employer (See	Amount of contribution (\$) (If travel outside of nstructions) Amount of contribution (\$)	In-kind contribution description (if applicable) Texas, complete Schedule T) In-kind contribution

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Contributor address,

Principal occupation / Job title (See Instructions)

Texas Ethics	Commission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463	3-5800 1-800-325-850
	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	INS		SCHEDULE A
Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Sc	thedule A:
2 FILER NAMI	ENNIS SHINGLETON			Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ MIKE MONCALES CHM)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/11	6 Contributor address; City; State; Zip Code 777 TAYLOL ST. SUITE	1030 1610 Z	4 250 19	
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See	(If travel outside Instructions)	of Texas, complete Schedule T)
Date 4/1/11	Full name of contributor out-of-state PAC (ID#: J JHNSON CAMPAN Contributor address; City; State; Zip Code PD BOX 136021 HINT WINTH TX	16N 76136	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See I	(If travel outside o	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		 	
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		of Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution

Date Full name of contributor ut-of-state PAC (ID#:_ In-kind contribution description (if applicable) Amount of contribution (\$) Contributor address; City, State, Zip Code

Employer (See Instructions)

City; State; Zip Code

(If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

(If travel outside of Texas, complete Schedule T)

P.O. Box 12070

SCHEDULE A

	struction Guide explains how to con	plete this form.	1 Total pages Sc	hedule A:
FILER NAME	ENNIS SHINGLE	-70N	3 ACCOUNT # (I	Ethics Commission Filers)
Date 5	BARBARA BEEN		7 Amount of contribution (\$)	8 In-kind contribution description (if applicab
<i> </i>	Contributor address; City; State; SS/Z CLOSSWINI	Zip Code	450000	
Principal occupati	on / Job title (See Instructions)	× 76/79 10 Employer	(If travel outside (See Instructions)	 of Texas, complete Schedule T
Date				
4/11	Full name of contributor PICHALD J PAT Contributor address: City: State	ARR	Amount of contribution (\$)	In-kind contribution description (if applicabl
4	8609 Crosswad D	2	\$500 °	
Principal occupation	on / Job title (See Instructions)	404 76179	(If travel outside o	f Texas, complete Schedule T)
	on 7 Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor ul-of-state	e PAC (ID#:) Amount of	In-kind contribution
14/11	MIKE ! MARILY E Contributor address; City; State; 2 217 GENOA RD. FOLT WOLTH TX	Zip Code	contribution (\$)	description (if applicable
Principal occupation	n / Job title (See Instructions)	Employer (§	(If travel outside of See Instructions)	Texas, complete Schedule T)
Date	F. II			
hele .		5 111	Amount of contribution (\$)	In-kind contribution description (if applicable)
/ _	06 W. 74 St. Su	11TE 701	\$50000	
Principal course	tact WONTH />	c 76102	(If travel outside of	Texas, complete Schedule T)
Thicipal occupation	/ Job title (See Instructions)	Employer (S	ee Instructions)	toxac, complete scriedule 1)
Date	Full name of contributor ut-of-state F	PAC (ID#	Amount of	
141	HOMAS KRAMPITZ Contributor address; City; State; Zi	P Code	contribution (\$)	In-kind contribution description (if applicable)
	420 PUTOMAL AVE DALLAS TX 752		\$ 300 00	
	UNULAD /X /3/			
rincipal occupation	/ Job title (See Instructions)		(If travel outside of]	exas, complete Schedule T)

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LOANS				SCHEDULE E
The	e Instruction Guide explains how to complete this fo	orm.	1 Total pag	ges Schedule E:
2 FILER NAME	DENNIS P. SHINGLE	TON	3 ACCOUN	NT # (Ethics Commission Filers)
4 TOT <i>i</i>	AL OF UNITEMIZED LOANS: ⇔ ⇔	\$ \$ \$ \$	>	\$
5 Date of loan Z/1/2011	7 Name of lender out-of-state OSUVIS P. F CYNTHIA	PAC (ID#	BTLN	9 Loan Amount (\$) 5000. —
6 Is lender a financial Institution?	8 Lender address; City; State; Zip Code 8 600 CLOSSWIND DL			10 Interest rate
Y (N)	FORT WOLTH TX	76179		11 Maturity date
12 Principal occupati		oyer (See Instructions)		
14 Description of Col	iateral			
15 GUARANTOR INFORMATION	16 Name of guarantor		1	18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; City; State; Zip			
19 Principal Occupati	on (See Instructions) 20 Emplo	oyer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State; Zip Code			Interest rate
Y N				Maturity date
Principal occupation	on / Job title (See Instructions) Employ	yer (See Instructions)		
Description of Colla	teral			
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; State; Zip (Code		
Principal Occupation	on (See Instructions) Employe	er (See Instructions)		
If lend	ATTACH ADDITIONAL COPIES OF THIS Ser Is out-of-state PAC, please see instruction guide	SCHEDULE AS NEEDE	ED ting requi	rements.

POLITICAL EXPENDITURES

SCHEDULE F

	FXPENDITUDE	CATECODIES	500.000		
Advertising Expens	Gift/Awards/Mamarials 5	CATEGORIES	FOR BOX 8(a)		
Accounting/Banking	Expense	Salaries/Wages/Co	intract Labor	Loan Repayme	ent/Reimbursement
Consulting Expense		Solicitation/Fundra	ising Expense	Transportation	Equipment & Date of E
	Apolioc	Travel In District	• • • • • • • • • • • • • • • • • • • •	Cantalbut	Equipment & Related Expense
Event Expense	Polling Expense	Travel Out Of Dist	riot	Contributions/L	onations Made By
Fees	Printing Expense	Office Overhands	notel E	Candidate/C	Officeholder/Political Committee
		Office Overhead/R	ental Expense	OTHER (enter	a category not listed above)
Total pages Schedule	The Instruction Guide F: 2 FILER NAME	e explains now to	complete this for		
	X =	1/11/1/12		3 ACCOL	JNT # (Ethics Commission Filers)
Date		HINGLETC	<i>N</i>		
3/2/2011	5 Payee name THE ELECTION	a) Kanus			
Amount (\$)	7 5				
•	, ,	ate; Zip Code			
\$ m.m. 10	408 10. 1411 (~ ~			
1500-	AUSTIN TX	78701			
PURPOSE	(a) Category (See categories listed at the top				
OF	1 //	of this schedule)	(b) Description (If travel outside of T	exas, complete Schedule T)
EXPENDITURE	Consulting EXAL	1150			
Complete ONLY if dire	ct Candidate / Officeholdername	450	Off		
expenditure to benefit	С/ОН		Office sought		Office held
Date /	Payee name				
4/7/11		1- 1			
Amount (\$)	THE ELECTION	GROUP			
Amount (\$)	Payee address; City; Sta	te; Zip Code			
4 40	408 11 1416	G			
In and	700 00, 743	۵, ر			
10,000:	AUSTIN TY	78701			
PURPOSE	Category (See categories listed at the top of				
OF	(osc dategories listed at the top o	of this schedule)	Description (If	travel outside of Te	xas, complete Schedule T)
EXPENDITURE	CONSULTING EXPL	USI I			
Complete ONLY if direc	t Candidate / Officeholder name				
expenditure to benefit (C/OH		Office sought		Office held
Date	Payee name				
4/7///	THE ELECTION	Land			
Amount (\$)		CIROUP			
wilduit (#)	Payee address; City; State	e; Zip Code			
2628 84	11.08 11 1114	Com			
~ D O ~ 0 1	400 0. 14=	3/			
	L HUSTIN TY	7870/			
PURPOSE	Category (See categories listed at the top of		Doggo-ti-		
OF	de la	una scriedule)	Description (If	ravel outside of Tex	as, complete Schedule T)
EXPENDITURE	LUNDRUST- Print	ING			
Complete ONLY if direct					
expenditure to benefit C/	OH Candidate / Officeriolder name		Office sought		Office held
Date,	Payee name				
11/7/11		/			
7'/''	THE ELECTION G	TLOU!			
mount (\$)					
	MAG ALL LINE	; Zip Code			
1960 11	1408 W. 144 ST.				ĺ
10% //	Augres T	76-72,			İ
	MUSIIN /X	78701			
PURPOSE	Category (See categories listed at the top of the	his schedule)	Description (#4-	avel outsids -4 T-	
OF XPENDITURE		• '	= cocapuon (II III	aver outside of fexa	s, complete Schedule T)
A. LINDITURE	MATORIAL EXPLUSES - 3	519115			
omplete ONLY if direct	Candidate / Officeholder name		Office sought		
kpenditure to benefit C/	ОН		Jougni		Office held
					ļ
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			ニンリレに ベン かだけ		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District Fees **Printing Expense** Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) DENNIS P. SHINGLETON political contributions ntended (a) Category (See categories listed at the top of this schedule) 8 **PURPOSE** (b) Description (If travel outside of Texas, complete Schedule T) EXPENDITURE Payee name US POSTAL SERVICE Payee address; City; State; Zip Code

ARUNGTON HOTS FINANCE Category (See categories listed at the top of this schedule)

Description (if trans political contributions **PURPOSE EXPENDITURE** 3950 Jim WEIGHT Fuy City; State; Zip Code Reimbursement from political contributions LAKE WEATH TX 76135 . intended Category (See categories listed at the top of this schedule) **PURPOSE** Description (If travel outside of Texas, complete Schedule T) OF EXPENDITURE OTHER - SIGN STAKES US POSTAL SERVICE Pavee address: City; State; Zip Code Reimbursement from political contributions Category (See categories listed at the top of this schedule) **PURPOSE** Description (If travel outside of Texas, complete Schedule T) Stamps - office are head OF **EXPENDITURE**

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