

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

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:

9

OFFICE USE ONLY

Date Received: **MAY - 6 2011**

Date Hand-delivered or Date Postmarked:

Receipt # _____ Amount _____

Date Processed _____

Date Imaged _____

3 CANDIDATE / OFFICEHOLDER NAME

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

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 236 7969

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI M
JOHN
 NICKNAME LAST SUFFIX
STEVENSON

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
SUITE 3100 201 MAIN ST.
FORT WORTH TX 76102

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 390 - 8509

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
04 / 05 / 2011 THROUGH **05 / 04 / 2011**

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year
05 / 14 / 2011 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FW CITY COUNCIL DISTRICT 7

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.

Name
NONE

Address / PO Box; Apt / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME DENNIS P. SHINGLETON 16 ACCOUNT # (Ethics Commission Filers)

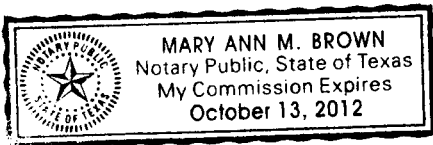
17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,950. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,400.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 14,002.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5100. ⁰⁰

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Dennis Shingleton
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dennis Shingleton, this the 6th day of May, 20 11, to certify which, witness my hand and seal of office.

MaryAnn M. Brown
Signature of officer administering oath

MaryAnn M. Brown
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**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 SINGLETON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/7/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CH2M HILL TEXAS PAC	7 Amount of contribution (\$) \$500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 12377 MERIT DRIVE 10th FLR DALLAS TX 75251		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/10/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE & ESA PANIAGUA	Amount of contribution (\$) \$150⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8125 MT. SHASTA CIRCE FT WORTH TX 76137		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/10/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY & JUDELLE HAVENER	Amount of contribution (\$) \$250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 121969 FT. WORTH TX 76121		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/12/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHESAPEAKE ENERGY FOR TEXANS PAC	Amount of contribution (\$) \$250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 815 BRAZOS ST. SUITE A #106 FORT WORTH TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/12/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAYDN H. CUTLER	Amount of contribution (\$) \$500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3825 CAMP BOWIE FORT WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL 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 <i>Dennis Shingleton</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>4/19/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JAMES N. & GLORIAN AUSTIN</i>	7 Amount of contribution (\$) <i>\$50⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2017 Teakwood Tree FW TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/19/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>J C GAVRAS</i>	Amount of contribution (\$) <i>\$250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2214 FRANKLIN DR FIRLINGTON TX 76011</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/19/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>CONSERVATIVE VOTERS FORUM</i>	Amount of contribution (\$) <i>\$1500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3501 ELM CREEK COURT FW TX 76109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/21/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MAAC CHURCHILL</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3125 N.E. LOOP 820 FORT WORTH TX 76137</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/21/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>GEORGE W. PEPPER</i>	Amount of contribution (\$) <i>\$250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>116 CRESTWOOD DR. FW TX 76107</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 SHINGLETON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/21/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W.V. & P.A. BOECKER	7 Amount of contribution (\$) \$250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3566 HAMILTON AVE. FW TX 76107		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/22/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAMMER AND NAILS PAC	Amount of contribution (\$) \$200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7001 BOULEVARD 26 STE 323 FORT WORTH TX 76180		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/22/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greater Fort Worth Assoc. Teachers	Amount of contribution (\$) \$1500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2650 Parkway Dr. FORT WORTH TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERRY WALDROP	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PARADISE SPORTS 600 SIX FLAGS DR. ARLINGTON TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANK + TRACY PAPA	Amount of contribution (\$) \$500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1001 ELIZABETH BLVD. FORT WORTH TX 76110		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**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 SHINGLETON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/16/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIAN & CHERIE WHEELER	7 Amount of contribution (\$) \$ 50⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7600 WESTWIND DL. FW TX 76179		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/16/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL SAUSE	Amount of contribution (\$) \$ 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2678 Edward Ave Baton Rouge La. 70808		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/18/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELIZABETH ANN WATSON	Amount of contribution (\$) \$ 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4113 BUNTING AVE FORT WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/18/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNE T & ROBERT M BASS	Amount of contribution (\$) \$ 3000.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 201 MAIN ST. FORT WORTH TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAWN & GLENN DILLON	Amount of contribution (\$) \$ 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1701 Rodgers Rd. Apt 324 FW TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**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 SHINKSTON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/25/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DICK (R.T.) DEATRICK	7 Amount of contribution (\$) \$200⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8616 CANYON CREST FORT WORTH TX 76179		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/25/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FW FIREFIGHTERS COMMITTEE FOR RESPONSIBLE GOVT	Amount of contribution (\$) \$2500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3855 TULSA WAY FW 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/28/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JERRY & JAMIEL BODIFORD	Amount of contribution (\$) \$250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2808 NE 28TH ST. FORT WORTH TX 76111		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/2/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr & Mrs Wade Nowlin	Amount of contribution (\$) \$250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 510 Hazelwood Dr. Ft. Worth TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/2/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John & Bobette Grant	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3244 Hemphill Ft. Worth TX 76110		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

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/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| 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 F:	2 FILER NAME <i>DENNIS SHINGLETON</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/28/2011</i>	5 Payee name <i>THE ELECTION GROUP</i>
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6 Amount (\$) <i>\$15,000.-</i>	7 Payee address; City; State; Zip Code <i>408 W. 14TH ST. AUSTIN, TX 78701</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>CONSULTING EXPENSE</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| 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 <i>DENNIS SHINGLETON</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/22/2011</i>	5 Payee name <i>US POSTAL SERVICE</i>
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6 Amount (\$) <i>\$290⁰⁰</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>LAKE WORTH BRANCH FT. WORTH TX 76135</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>STAMPS</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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Date <i>4/20/2011</i>	Payee name <i>HOME DEPOT</i>
--------------------------	---------------------------------

Amount (\$) <i>\$110.69</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>3590 JIM WRIGHT FRWY LAKE NORTH TX 76135</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>SIGN STAKES / MATERIAL</i>	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED