Texas Ethics Commi	ission P.O. Box 12070 Austin, Texas 78711-2070 (5	i12) 463-5800
FFICANDIBA	AD OFFICEHOLDER	FORM C/OH
	NTRINANCE REPORT	COVER SHEET PG 1
The GOV Institution	Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS7MRS7MR FIRST MI	OFFICE USE ONLY
NAME	DENNIS P. NICKNAME LAST SUFFIX	Date Received
	SHINGLETON	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #; CITY; STATE; ZIP CODE P. O. BOX 470336	Date Hand of North of Date Postmarked
Change of Address	FORT WORTH TX 76147	CITY OF FORT WORTH CITY SECRETARY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 236 - 7969	Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI JOHN NICKNAME LAST SUFFIX	Date Imaged
	STEVENSON	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; SUITE 3100 201 MAIN ST. FORT WONTH TX 7610	ZIP CODE
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 Sth day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Day 07/01/2011 THROUGH 01/15	
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff	General Special
12 OFFICE	OFFICE HELD (if any) Con Councilnan Sist. 7	wn)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT TO CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICAL	
BY OTHER INDIVIDUALS	Name NONE	
additional pages	Address / PO Box, Apt. / Suite #; City, State. Zip Code	
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTAL S

FORM C/OH COVER SHEET PG 2

SUFFORT	& IOIAL	.3			OVER SHEET PG Z
15 C/OH NAME	NNIS P	? SHIN	16 LETON	16 AC	COUNT # (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 CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLED CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			OR OFFICEHOLDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	<u> </u>		
	GENERAL SPECIFIC	COMMITTEE ADDR	ESS		
additional pages		COMMITTEE CAMP	AIGN TREASURER NAME		
		COMMITTEE CAMP	PAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS			RIBUTIONS OF \$50 OR LESS UARANTEES OF LOANS), UI		\$ -0 -
		POLITICAL CO THAN PLEDGES,	NTRIBUTIONS LOANS, OR GUARANTEES	OF LOANS)	\$ 22,010
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPEN	DITURES OF \$50 OR LESS,	UNLESS ITEMIZED	\$ -0 -
	4. TOTAL	POLITICAL EXF	PENDITURES		\$ 17, 156.92
CONTRIBUTION BALANCE		OLITICAL CONTR DRTING PERIOD	IBUTIONS MAINTAINED AS	OF THE LAST DAY	\$ 17, 156.92 \$ 5, 765.83 \$ 5000
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUN Y OF THE REPOR	NT OF ALL OUTSTANDING L RTING PERIOD	OANS AS OF THE	\$ 5000
No:	RONALD P. GONZA tary Public, State of My Commission Expi	exas		and includes all inform	y, that the accompanying report ation required to be reported by
Sold Maria	May 17, 2012	es	Signal	gnature of Candidate of	or Officeholder
Sworn to and subs	cribed before r	ne, by the sa		Shington, witness my ha	this the
Signature of officer admin	my VI	K () \(\) Printed nar	d / (I un zu/c) me of officer administering oa	ath Til	LITARY the of officer administering oath

SCHEDULE A

The	Instruction Guide explains how to complete thi	is form.	1 Total pages Sch	nedule A:
2 FILER NAME	DENNIS P. SHINGLET	70N	3 ACCOUNT # (E	thics Commission Filers)
4 Date 8/////	5 Full name of contributor out-of-state PAC (ID#_ MR. MRS. L. D. BRIG 6 Contributor address; City; State; Zin Code 8908 CLEST WOOD DL.		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	FORT WONTH IX TO	,//	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date 8/11/11	Full name of contributor out-of-state PAC (ID#_ FRESE NICHOLS Contributor address; City; State; Zip Code HUSS LINTENNATIONAL P	PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
,	FORT WORTH TX			i
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date 9/11/11	Full name of contributor out-of-state PAC (ID#: GOOD GOVERNMENT FULL Contributor address; City; State; Zip Code 70 MAINST SUITE FONT WONTH TX	2500	Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 9/11/11	Full name of contributor out-of-state PAC (ID#_PSEL PAC) Contributor address; City; State; Zip Code 201 MAIN ST. SUITE FONT WONTH TX 76	2500	Amount of contribution (\$) #500 =	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Date /2/7///	Full name of contributor out-of-state PAC (ID#_ ARCIE DAVENPOLT TR Contributor address; City; State; Zip Code 4070 CLARKE POLT (UDITH TX 76	(107	Amount of contribution (\$) \$\begin{align*} \delta 200 & \times \\ \delta 1 & \times 200 & \times \\ \delta 1 & \times 200	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A:
2 FILER NAME	ENNIS P. SHING ŒTON		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ John H. WILLIAMS 6 Contributor address; City; State; Zip Code 4737 LA FAN ETTE AUG		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	FORT WOLTH TX 761		(If travel outside	 of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date /2/1/	Full name of contributor ut-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3812 MONTICELLO M. FOR WONTH TX 761	107	\$250 E	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		Treats, complete concount 1)
Date 12/7/4	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	PO BOX 121488 FORT WALTH TX 761		(If travel outside of	 of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date /7 /2/11	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
141/11	Contributor address; City; State; Zip Code 3101 AVONDALE AVE. FORT WOLTH TK 76	6109	\$250°	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	1	RINE NICOL	Amount of contribution (\$)	In-kind contribution description (if applicable)
141/11	Contributor address; City; State; Zip Code 3882 SOUTH HILLS	GROCE	\$200°	
Principal occur	FOUT WOUTH TX 76 pation / Job title (See Instructions)			of Texas, complete Schedule T)
- Amorpai occup	Season Food title (See Institutions)	Employer (See I	nauduuns)	

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SCHEDULE A

The	Instruction Guide explains how to complete th	is form.	1 Total pages Sch	edule A:
2 FILER NAME	ENNIS SHINGCETON		3 ACCOUNT # (E	thics Commission Filers)
4 Date 12/7/11	5 Full name of contributor out-of-state PAC (ID#) 6 Contributor address; City; State; Zip Code 30 VIR GYNIA LALE		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	FORT WORTH TX 7	6197	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date / 7 /- /	Full name of contributor ut-of-state PAC (ID#	SH-	Amount of contribution (\$)	In-kind contribution description (if applicable)
191/11	Contributor address; City; State; Zip Code 8909 (ROSSWIN) 2.	16179	\$ 100 00	
Principał occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date /2-/2/	Full name of contributor out-of-state PAC (ID#) SURR + AIRLAMB Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	4820 BLYCE AUE FRUT WENTH TX 761	_	\$ 100 or (If travel outside	 of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
14/14	Contributor address; City; State; Zip Code 4/00 CLAAKE AVE.	, 76 (07	\$ 10000	
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date 12/7/11	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
(7 7 // /	7 - 7 - 7 - 7 - 7 - 7 - 7	901	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
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Principal occupation / Job title (See Instructions) Employer (See Instructions)	7.		•	1 Total pages Sch	edule A:
Date 5 Full name of contributor out-of-state PACIDE 7 Amount of contribution (\$) 8 In-kind contribution (\$) 4 Date 5 Full name of contributor out-of-state PACIDE 7 Amount of contribution (\$) 6 Contributor address. City: State: Zip Code 5 Full name of contributor out-of-state PACIDE 0 Employer (See Instructions) 10 Employer (See Instr		e instruction Guide explains now to complete this	s torm.		
Contribution address; City: State: Zip Code SIMS ANCHOMARS CT.				3 ACCOUNT # (E	thics Commission Filers)
### Principal occupation / Job title (See Instructions) 10	4 Date		<u> </u>	-	8 In-kind contribution description (if applicable)
Date Full name of contributor out-of-state PAC (IDIE) Contribution (S) In-kind contribution (Fig. 2) Contributor address; City: State: Zip Code 3904 HAMILTON AVE TOLK WONTH X 76/07 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (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) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution (Secription (if applicable Schedule T) Employer (See Instructions) Employer (See Instructions) In-kind contribution (Secription (if applicable Schedule T) Employer (See Instructions) In-kind contribution (Secription (if applicable Contributor address: City: State: Zip Code Secription (See Instructions) In-kind contribution (Secription (if applicable Contributor address: City: State: Zip Code Secription (See Instructions) In-kind contribution (Secription (Secript	141/11			\$10000	
Date Full name of contributor out-of-state PAC(IDIX Amount of contribution (\$) In-kind contribution (\$)	·_ ·			1	of Texas, complete Schedule T)
12/8/ Contributor address; City; State; Zip Code 3/904 HAMILTON AVE FOLT WONTH T x 76/07 (if travel outside of Texas, complete Schedule T)	9 Principal occ	upation / Job title (See Instructions)	10 Employer (See	Instructions)	
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DEE T RESECCA FINLEY Contributor address; City; State; Zip Code 24/2 Meanury Tx 76/09 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code 8/10 Fine Instructions Employer (See Instructions) Amount of contribution (s) description (if applicable of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code 8/49 Contributor address; City; State; Zip Code 8/49 Contributor address; City; State; Zip Code 8/10 Fine Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (s) In-kind contribution description (if applicable of Texas, complete Schedule T) Amount of contribution (s) In-kind contribution description (if applicable of Texas, complete Schedule T) Amount of contribution (s) In-kind contribution description (if applicable of Texas, complete Schedule T) Amount of contribution (s) In-kind contribution description (if applicable of Texas, complete Schedule T) Amount of contribution (s) In-kind contribution description (if applicable of Texas, complete Schedule T)	Principal occi	upation / Job title (See Instructions)	Employer (See	Instructions)	
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) In-kind contribution (\$)	12/8/11	2412 Meaford Ct. Eas	_	\$10000	
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) In-kind contribution (\$) Amount of contribution (\$) description (if applicable (\$)			09	(If travel outside	of Texas, complete Schedule T)
ANNY + July + ARREN Contribution (\$) description (if applicable 12/8/11 Contributor address; City; State; Zip Code S649 (ANYON CLEST R). FORT WORTH TX 76/179 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date	Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
S649 (ANYON CLBST RD. FONT WONTH TX 76179 (If travel outside of Texas, complete Schedule T)	Date / 2 / / /				In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) In-kind contribution description (if applicable contribution address; City; State, Zip Code 201 MAIN ST. FONT WONTH TX 76/07 (If travel outside of Texas, complete Schedule T)	12/8/11	8649 CANYON CLEST RI		\$1000	
Date Full name of contributor Out-of-state PAC (ID#					of Texas, complete Schedule T)
ANNE ! BCB BAS Contributor address; City; State; Zip Code 201 MAIN ST. FONT WONTH TX 76/02 (If travel outside of Texas, complete Schedule T)	Principal occi	spation / Job title (See Instructions)	Employer (See	instructions)	
FORT WORTH TX 76/02 (If travel outside of Texas, complete Schedule T)	Date / 2 / 6 /	ANNE & BUB BASS			In-kind contribution description (if applicable)
	10/8/11	Contributor address; City; State; Zip Code 201 MAIN ST.	AZ	\$50000	
Employer (See Instructions)	Principal cost	<u> </u>			of Texas, complete Schedule T)
	rincipal occi	ipation / Job title (See instructions)	⊏mpioyer (See I	nstructions)	
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	ICAL CONTRIBUTIONS	exas 78711-2070	(512) 463-	5800 1-800-325-850 SCHEDULE A
OTHE	R THAN PLEDGES OR LOAI	NS		20HEDULE M
Th	ne Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAM	Dennis Shingleton 5 Full name of contributor out-of-state PAC (ID#		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor . out-of-state PAC (ID#_ W. A. MONCYLLY JR 6 Contributor address; city; State; Zip Code)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/8/11	950 Commerce St.		\$500 00	[
	tout WONTH TX 7610	汉	(If travel outside	of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#_ JAMES TOAL		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/12/11	Contributor address; City; State; Zip Code 341 Nullsey An.		\$/000	
	Fort Work Tx 76/14		(If travel outside o	of Texas, complete Schedule T)
Principal occ	supation / Job title (See Instructions)	Employer (See I		r roxas, complete conceder 17
Date	Full name of contributor		Amount of	In-kind contribution
12/12/11	Marlene Beckman Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
/ //	2300 Medford CHO		4250	
Deineinet	Fort Worse Tx 76/09			of Texas, complete Schedule T)
Principal occ	upation / 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)
110/11	Contributor address; City; State; Zip Code 3625 Cauch Sow/A		\$500 0	
Dringing	tork how 1x 7610			of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See In	nstructions)	
Date 2/62/	Full name of contributor out-of-state PAC (ID#_ TRUBLE and Nichols PA	<u>'C</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
//2///	Contributor address; City; State; Zip Code 4055 International Pla	130 Sto 200	\$250 00	
	Tort worth 1x 1610g	/		f Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See Ir	structions)	
		<u>. </u>		
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE	AS NEEDED	
If	contributor is out-of-state PAC, please see instru			roquiromente

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME DEM	nis Shingletors		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_	nt	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10-112/11	fernen Hancy Brya 6 Contributor address; City, State; Zip Code 1712 Carleba		\$ 500 as	
	Fort Work 1x 76107	T	1	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date 64	Full name of contributor out-of-state PAC (ID#_ J. Michael & Marty Crada	OCK	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/11	Contributor address; City; State; Zip Code 4904 Dexter Ave		\$1000	<u> </u>
	fort large Tx 7610	7	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		.,
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
~ /1 0/ ///	Contributor address; City, State; Zip Code 2805 ALAM Rd.	_	\$250 00	
	Fort Works Tx 7600	9	(If travel outside	I of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date /2/11	Full name of contributor out-of-state PAC (ID#_ Marsha V. Leconomic Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
/ - / / /	1411 Shady Daks Lave	,	\$250	
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ Variation of Contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/11	Contributor address; City; State; 7/p Code 777 Tayby St. St. 10 Fort Worth Tx 76/	,	\$ 250 00	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
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	CAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The	e Instruction Guide explains how to complete th	nis form.	1 Total pages Sch	ledule A:
2 FILER NAME	ennis Shingleton	107	3 ACCOUNT # (E	thics Commission Filers)
4 Date 12/12/11	5 Full name of contributor out-of-state PAC (ID#) Wayne 7. Ash by Out 6 Contributor address; City; State Zip Cod	ren	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State Zip Cod 8717 Overland or. Fort Lorth Tx 761		100=	
		· · · · · · · · · · · · · · · · · · ·	<u>`</u>	of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Data	A. II Out of state DIC/IDA			
Date	ANNY of Lynette January	ensen	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/12/11	Contributor address; City; State; Zip Code #004 Hautuood	e	\$2500	
	Fort Work Tx 76,	109	(15 terms) and aid a	CT O-badula T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date 12/11/	Full name of contributor out-of-state PAC (ID# J. Grag Up) Cath Contributor address; City; State; Zip Code 6108 Terrance Outs	erine Upp	Amount of contribution (\$)	In-kind contribution description (if applicable)
	fory work Tx 7	6/12		r of Texas, complete Schedule T)
Principal occur	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)
14/0/11	TD JOHNSON CF Contributor address; City; State; Zip Code P.O. Box 136021 FOUT WOUTH TX 76	e /3/_	\$ 100 00	
	FORT WORTH X	150	(If travel outside c	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See II		
Date	Full name of contributor out-of-state PAC (ID#	1	Amount of	In-kind contribution
12/15/11	6. MALOLM LOUSEN Contributor address; City: State: Zip Code 500 W. 74 ST. #27		contribution (\$)	description (if applicable)
/	500 W. 74 ST. #27 FONT WUNTH TX 7		2500.	
Principal occur				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	istructions)	
lf c	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see inst			requirements.

SCHEDULE A

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The	Instruction Guide explains how to complete thi	is form.	1 Total pages Sch	nedule A:
2 FILER NAME	ennis Shingleton		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ RICE TILLEY		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	KICE TILLEY 6 Contributor address; City; State; Zip Code ZOI MAIN ST. ZZOO FONT WINTH TX 76		\$50.00	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	<u> </u>	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PNC (ID#_ J. Alleu : Joan DAV	15	Amount of contribution (\$)	In-kind contribution description (if applicable)
6-/15/11	Contributor address; City; State; Zip Code STAN CHECKING FONT WINTH TX 76/1		4/00-	 -
Principal occu	pation / Job title (See Instructions)	Employer (See I	• • • • • • • • • • • • • • • • • • • •	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID# Ben jawin & Lori Lougi	thry	Amount of contribution (\$)	In-kind contribution description (if applicable)
10-115/11	Contributor address; City; State; Zip Code		\$25000	
Principal occup	pation / Job title (See Instructions)	Employer (See II		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
64/5/11	Contributor address; City: State; Zip Code 2300 RACE ST. FOAT LIDATH TX 76		\$250 00	
Principal occup	pation / Job title (See Instructions)	Employer (See II		of Texas, complete Schedule T)
Date ///	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
15/15	Contributor address; City; State; Zip Code Po Box 150689 FOAT WARTEL TV 7		\$1000	
Principal occur	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)

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	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	IS		SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	ennis Shingleton		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	10	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	1009 Henderson S. Fort Worth Tx 7610	12	(If travel outside	 pf Texas, complete Schedule T)
9 Principal occu		10 Employer (See I	·	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/17/11	Contributor address; City; State; Zip Code 3420 POTOMAC AVE. DALLAS TX 75205		\$250 =	
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date /2/17/11	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	FORT WONTH TX 7612			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II	nstructions)	***************************************
Date /2/17/11	Full name of contributor out-of-state_PAC(ID# MARC		Amount of contribution (\$)	In-kind contribution description (if applicable)
	PO BOX 11296 FORT WORTH TX 761	///	+150	
Principal occup	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#	H.	Amount of contribution (\$)	In-kind contribution description (if applicable)
14/9//	Contributor address; City; State; Zip Code 1805 REGATTA LAT FORT WATH TX 76	6/79	\$10000	
Principal occur	pation / Job title (See Instructions)	Employer (See Ir		f Texas, complete Schedule T)
				. •
lf c	ATTACH ADDITIONAL COPIES OF ontributor is out-of-state PAC, please see instru	-		requirements.

SCHEDULE A

			T 2	
The	e Instruction Guide explains how to complete th	is form.	1 Total pages Sch	edule A:
2 FILER NAME	DENMS SHINGLETON		3 ACCOUNT # (E	thics Commission Filers)
4 Date /2/19/11	5 Full name of contributor out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Cod 20 MAINST.	_	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
//////	ZOIMAINST. FONT WONTH TX		\$500-	
9 Principal occu	upation / Job title (See Instructions)	10 Employer (Se		of Texas, complete Schedule T)
Date 12-/19/11	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
7. 7.	201 MAIN ST. SUITE	2500	\$510.00	
	PORT WORTH TX	76102	(If travel outside o	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (Se	e Instructions)	
Date 17/21	Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
1-123/11	Contributor address; City; State; Zip Code 9225 HERON DL. FOLT WOLTH TX 76	*	\$ 15000	
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date /2/12/	Full name of contributor out-of-state PAC (ID#, TACK LABOUTT2 Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
145///	2810 BERRY ST. FONT WONTH TX 761	•	\$100.	
Principal occu	pation / Job title (See Instructions)	Employer (See		f Texas, complete Schedule T)
Date /2/2/	Full name of contributor out-of-state PAC (ID#	N	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/201	Contributor address; City; State; Zip Code 2017 Tlakwood Tice Fant howth Th	611Z	\$5000	
Principal occu	pation / Job title (See Instructions)	Employer (See		f Texas, complete Schedule T)
				· · · · · · · · · · · · · · · · · · ·

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The	e Instruction Guide explains how to complete t	his form.	1 Total pages Sch	nedule A:
2 FILER NAME	ennis P. Shingleton		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	se s	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/23/11	6 Contributor address; City; State; Zip Coo		\$500.00	
	Baton Kouge Ca.	70818	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		
Date /2/22/	Full name of contributor out-of-state PAC (ID) J. Andy Thompson Contributor address; City; State; Zip Cod		Amount of contribution (\$)	In-kind contribution description (if applicable)
الإصا	P.O. Box 9557	6147	\$10000	
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date / 2 / 2 /	Full name of contributor out-of-state PAC (IDA Elizabeth Ann Watso)	N	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/23/11	Contributor address; City; State; Zip Cod 4/13 Bunfing Ave		\$ 100 00	
		76107	(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date 12/27///	Full name of contributor ut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
•	FOXT WOM TY 70	. <i>13</i> 3	+1000	
Principal occup	pation / Job title (See Instructions)	Employer (See		f Texas, complete Schedule T)
Date 17/22/	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
1921/11	Contributor address; City; State; Zip Code 522/ Byers Avl 404 Up. W. Tx	76107	\$10000	
Principal occup	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
If c	ATTACH ADDITIONAL COPIES on tributor is out-of-state PAC, please see inst			equirements.

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME DEMNIS Sing Leton	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
FORT (NORTH TX 76107	(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	Amount of In-kind contribution contribution (\$) description (if applicable)
192012 Contributor address; City; State; Zip Code 2404 CHIMNEY HILL DL. ARLINGTON TX 76012	(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#:	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	nstructions)
Date Full name of contributor out-of-state PAC (ID#) //3//2 Contributor address; City; State; Zip Code //3 45 ROALING SPLINGS LO. FONT WONTH TX 76/14	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	nstructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See In	

SCHEDULE A

111	e Instruction Guide explains how to complete t	his form.	1 Total pages Sch	nedule A:
2 FILER NAMI	nnis Shingleton		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (IDA SPENDA 6 Contributor address; City; State; Zip Cod	PANKMAN	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/12	1333 KOAKING SPAMES		\$ 100 =	!
9 Principal occ	upation / Job title (See Instructions)	76 // ¥ 10 Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID:	UKBT -	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/3/12	Contributor address: City; State; Zip Coo	ines p	\$1000	
	-tout WONTH TX	76/14	(If travel outside o	of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor uut-of-state PAC (IDs		Amount of contribution (\$)	In-kind contribution description (if applicable)
//2/	CKEIH DARKATONS			İ
1/3/12	Contributor address; City; State; Zip Cool 1331 KOANING SALINGS	_	#50 "	
Principal occu		76/14 Employer (See	.1	 of Texas, complete Schedule T)
Principal occu	Full name of contributor Out-of-state PAC (ID#	Employer (See	.1	of Texas, complete Schedule T) In-kind contribution description (if applicable)
	Full name of contributor Out-of-state PAC (IDA Contributor address; City; State; Zip Cod (373 LOALAG CANAS	Employer (See	Instructions) Amount of	In-kind contribution
Date //3//2	Full name of contributor Out-of-state PAC (IDA Contributor address; City; State; Zip Cod (373 LOALAG CANAS	Employer (See	Amount of contribution (\$) (If travel outside of contribution)	In-kind contribution
Date //3//2	Full name of contributor out-of-state PAC (ID# JOAN B. NODLE Contributor address; City; State; Zip Cod JAN B. CONTRIBUTE Contributor address; City; State; Zip Cod JAN B. CONTRIBUTE LOALING PRINTS A Jupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# J. L. ELIKINS	Employer (See	Amount of contribution (\$) (If travel outside of contribution)	In-kind contribution description (if applicable)
Date //3//2 Principal occu	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Cod ATT LIDATH TX Lipation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# J. L. ELKINS Contributor address; City; State; Zip Cod ATT LIDATH TX L. ELKINS Contributor address; City; State; Zip Cod ATT LICATION SPLINGS	Employer (See	Amount of contribution (\$) (If travel outside of Instructions)	In-kind contribution description (if applicable) of Texas, complete Schedule T) In-kind contribution
/3//2 Principal occu	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Cod (373 LOALAG PANKS A Apart WATH TX upation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# T. L. ELKAVS Contributor address; City; State; Zip Cod	Employer (See	Amount of contribution (\$) (If travel outside of contribution (\$) Amount of contribution (\$) Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T) In-kind contribution

SCHEDULE A

Th	ne Instruction Guide explains how to comple	ete this form.	1 Total pages Sch	edule A:
FILER NAM	ennis Shingleton		3 ACCOUNT # (E	thics Commission Filers)
Date	5 Full name of contributor out-of-state P.	,	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
/ - // _			\$25-	
Principal occ	supation / Job title (See Instructions)	76/14 10 Employer (S	(If travel outside of	of Texas, complete Schedule T)
Date	Full name of contributor) Amount of contribution (\$)	In-kind contribution description (if applicable)
/3//2	Contributor address: City; State; Zip 1355 Koaring Sp. Fort Worth Tx	rings Ka.	F/5-20	f Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)		ee Instructions)	r rexas, complete scriedule 1)
Date //3//2	Full name of contributor out-of-state P. Alfred + Juana R. Contributor address; City; State; Zip	Daniell	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	76114	(If travel outside o	f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PA		_) Amount of contribution (\$)	In-kind contribution description (if applicable)
11/12	Contributor address; City; State; Zip ZOO Texas Way Fort Worth Tx	76106	\$500°	
Principal occu	pation / Job title (See Instructions)		(If travel outside of ee Instructions)	Texas, complete Schedule T)
Date /2/		TE PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
' '/12	Contributor address; City; State; Zip 1201 N BOWSER RICHARDEN TX	\mathcal{A}	\$ 100 mg	Texas, complete Schedule T)
Principal accur	pation / Job title (See Instructions)		ee Instructions)	renas, complete scriedule 1)

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 3 ACCOUNT # (Ethics Commission Filers) 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) In-kind contribution ARUOLD & HALRIETTE GACHMAN Contributor address; City; State; Zip Code 1729 SHADY OAKS LAWE 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 ___ out-of-state PAC (ID#:____ Amount of In-kind contribution MAC CHUICHILL Contributor address; City; State; Zip Code 6// RIVER CLEST DLIVE contribution (\$) description (if applicable) Fincipal occupation / Job title (See Instructions) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Date Amount of In-kind contribution Bob & Lynn Nicholas Contributor address; City; State; Zip Code. 6962 Minamar Circle 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 ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) THOMAS PLANTON Contributor address; City; State; Zip Code 8805 ROYH HANBOUL CLT.

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Principal occupation / Job title (See Instructions)

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

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

POLITICAL EXPENDITURES

SCHEDULE F

A disambiata a Property	EXPENDITURE CATEGOR		
Advertising Expense Accounting/Banking	· · · · · · · · · · · · · · · · · · ·		oan Repayment/Reimbursement
Consulting Expense			Transportation Equipment & Related Expense
Event Expense		•	Contributions/Donations Made By
Fees	- 1		Candidate/Officeholder/Political Committee
			OTHER (enter a category not listed above)
	The Instruction Guide explains how	w to complete this form	n.
Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers
	DENNIS SHINGLET	Da S	·
Date	5 Payee name		
17/6/2011		A	
12/0/01	IHE ELECTION GR	DLIP	
Am6unt 🎉)	7 Payee address; City; State; Zip Code	2	
4 10	408 MERT 144 F	7	
73253.61	700 00001 17-01	•	
	HUSTIN TX 787	0 /	
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (16	travel outside of Texas, complete Schedule T)
OF	11 5	(b) Description (ii	traver outside of rexas, complete scriedule 1)
EXPENDITURE	Lonsulting tol		
Complete ONLY is direct	Candidate / Officeholder name		
 Complete <u>ONLY</u> if direct expenditure to benefit C/OI 		Office sought	Office held
Exponential to beliefit C/Or			
Date	Payee name		
12/1/201		_	
1/4/2011	THE ELECTION GIRD	L/A	
Amount (\$)	Payee address; City; State; Zip Code)	
	HXQ WEET WITH G		
45813	TOO NEST THE UT.		
7050	AUSTIN TX 1870	/	
PURPOSE	Category (See categories listed at the top of this schedule)		
OF	Category (See Categories listed at the top of this schedule)	Description (if	travel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising Elevence		
	Contidate 10th 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
experiature to benefit C/OH	1		
Date .			
	Pavee name		
17/72/2011	Payee name	_	
12/20/2011	Payee name THE ELECTION GROW	'A	
12/20/2011 Amount (\$)		<i>1</i> /2	
12/20/2011	THE ELECTION GROW	<i>'</i> A	
12/20/2011	THE ELECTION GROW	1/2	
12/20/2011	Payee address; City; State; Zip Code 408 WEST 1444 ST. AUSTIN TX 7870		
12/20/2011 Amount (\$) 48 45.08	Payee address, City; State; Zip Code 408 NEST 1441 ST. AUSTIN. Tx 7870	/	
2/20/2011 Amount (\$) 98 45.08	Payee address; City; State; Zip Code 408 WEST 1444 ST. AUSTIN TX 7870	/	travel outside of Texas, complete Schedule T)
12/20/2011 Amount (\$) 48 45.08	Payee address, City; State; Zip Code 408 NEST 1441 ST. AUSTIN. Tx 7870	/	travel outside of Texas, complete Schedule T)
2/20/2011 Amount (\$) 98 45.08 PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Code 408 WEST /444 ST. AUSTIN. TX T870 Category (See categories listed at the top of this schedule)	Description (if t	travel outside of Texas, complete Schedule T)
Amount (\$) Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; City; State; Zip Code 408 WEST /444 ST. AUSTIN. TX T870 Category (See categories listed at the top of this schedule) Candidate / OfficeHolder name	/	travel outside of Texas, complete Schedule T) Office held
2/20/2011 Amount (\$) 98 45.08 PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Code 408 WEST /444 ST. AUSTIN. TX T870 Category (See categories listed at the top of this schedule) Candidate / OfficeHolder name	Description (if t	
Amount (\$) Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Payee address; City; State; Zip Code 408 WEST /444 ST AUSTIN TX 7870 Category (See categories listed at the top of this schedule) Candidate / OfficeHolder name	Description (if t	
Amount (\$) AB 45.08 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; City; State; Zip Code 408 WEST /444 ST. AUSTIN. TX T870 Category (See categories listed at the top of this schedule) Candidate / OfficeHolder name	Description (if t	
Amount (\$) Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Payee address; City; State; Zip Code 408 WEST /444 ST AUSTIN TX 7870 Category (See categories listed at the top of this schedule) Candidate / OfficeHolder name	Description (if t	
Amount (\$) Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Payee address; City; State; Zip Code ###################################	Description (if t	
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Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$)	Payee address; City; State; Zip Code ###################################	Description (if the control of the c	
Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$) PURPOSE OF	Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Candidate / OfficeHolder name Payee name Payee address; City; State; Zip Code	Description (if the control of the c	Office held
Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$)	Payee address; City; State; Zip Code #### S7. Category (See categories listed at the top of this schedule) Candidate / OfficeHolder name Payee name Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule)	Description (if the control of the c	Office held
Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; City; State; Zip Code #### S7. Category (See categories listed at the top of this schedule) Candidate / Officeholder name Category (See categories listed at the top of this schedule) Candidate / Officeholder name Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Candidate / Officeholder name	Description (if the control of the c	Office held
Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$) PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Code #### S7. Category (See categories listed at the top of this schedule) Candidate / Officeholder name Category (See categories listed at the top of this schedule) Candidate / Officeholder name Category (See categories listed at the top of this schedule) Category (See categories listed at the top of this schedule) Candidate / Officeholder name	Description (if the control of the c	Office held ravel outside of Texas, complete Schedule T)

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 3 ACCOUNT # (Ethics Commission Filers) 4 Date 5 Payee name POSTAL SERVICE political contributions 76107 intended (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** (a) Category (See categories listed at the top of this schedule) 8 OF EXPENDITURE Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF **EXPENDITURE** Date Payee name Amount (\$) Payee 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) OF **EXPENDITURE** Date Payee name Amount (\$) Payee 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) OF **EXPENDITURE**

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