

**OFFICIAL RECORD**  
**CANDIDATE / OFFICEHOLDER**  
**CITY CAMPAIGN FINANCE REPORT**  
**SECRETARY**  
**FT. WORTH, TEX**

**FORM C/OH**  
**COVER SHEET PG 1**

The C/OH Instructional Guide explains how to complete this form.

**1 ACCOUNT #**  
 (Ethics Commission Filers)

**2 Total pages filed:**  
 19

**3 CANDIDATE / OFFICEHOLDER NAME**

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

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 Change of Address

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

**5 CANDIDATE / OFFICEHOLDER PHONE**

AREA CODE PHONE NUMBER EXTENSION  
 (817) 236-7969

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR FIRST MI  
 JOHN M  
 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 THROUGH Month Day Year  
 07/01/2011 THROUGH 01/15/2012

**11 ELECTION**

ELECTION DATE Month Day Year ELECTION TYPE  
 / / Primary  Runoff  General  Special

**12 OFFICE**

OFFICE HELD (if any)  
 City Councilman Dist. 7

**13 OFFICE SOUGHT** (if known)

**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**

**OFFICE USE ONLY**

Date Received

RECEIVED

JAN 17 2012

Date Hand-delivered or Date Postmarked  
 CITY OF FORT WORTH  
 CITY SECRETARY

Receipt # Amount

Date Processed

Date Imaged

# 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)**

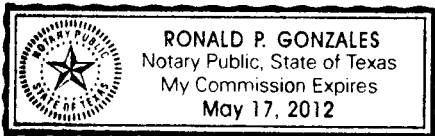
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ — 0 —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,010. -
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ — 0 —
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,156.92
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,765.83
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5000. -

**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 P. Shingleton*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dennis P. Shingleton, this the 17th day of January, 20 12, to certify which, witness my hand and seal of office.

*Ronald P. Gonzales*  
Signature of officer administering oath

Ronald P. Gonzales  
Printed name of officer administering oath

Notary  
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: <span style="font-size: 1.5em;">15</span>	
2 FILER NAME <span style="font-size: 1.2em;">DENNIS P. SHINGLETON</span>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <span style="font-size: 1.2em;">8/11/11</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em;">MR. &amp; MRS. L. O. BRIGHTBILL</span>	7 Amount of contribution (\$) <span style="font-size: 1.2em;">\$150<sup>00</sup></span>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">8908 CREST WOOD DR. FORT WORTH TX 76179</span>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <span style="font-size: 1.2em;">8/11/11</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em;">FREESE &amp; NICHOLS PAC</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$250<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">4055 INTERNATIONAL PLAZA FORT WORTH TX 76109</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">9/11/11</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em;">GOOD GOVERNMENT FUND PAC</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$500<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">201 MAIN ST SUITE 2500 FORT WORTH TX 76102</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">9/11/11</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em;">PSEL PAC</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$500<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">201 MAIN ST. SUITE 2500 FORT WORTH TX 76102</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">12/7/11</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em;">ARLIE DAVENPORT JR</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$200<sup>00</sup></span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">4070 CLARKE FORT WORTH TX 76107</span>		(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 <b>DENNIS P. SHING LETON</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>12/7/11</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN H. WILLIAMS</b>	7 Amount of contribution (\$) <b>\$100<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>4737 LAFAYETTE AVE FORT WORTH TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>12/7/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RANDALL C. GIDEON</b>	Amount of contribution (\$) <b>\$250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3812 MONTICELLO DR. FORT WORTH TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/7/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WILL A. COUNTRY</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO BOX 121488 FORT WORTH TX 76121</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/7/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KENNETH L. BARR</b>	Amount of contribution (\$) <b>\$250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3101 AVONDALE AVE. FORT WORTH TX 76109</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/7/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LEE NICOL &amp; S. KATHERINE NICOL</b>	Amount of contribution (\$) <b>\$200<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3982 SOUTH HILLS CIRCLE FORT WORTH TX 76109</b>		(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 <b>DENNIS SHINGLETON</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>12/7/11</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RB KELLY III</b>	7 Amount of contribution (\$) <b>\$100<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>301 VIRGINIA PLACE FOOT WORTH TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>12/7/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RICHARD &amp; EVELYN FISH</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8909 CROSSWIND DR. FOOT WORTH TX 76179</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/7/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BURR FAIRLAMB</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4820 BRYCE AVE FOOT WORTH TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/7/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DR. ROBERT BROWN</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4100 CLARKE AVE. FOOT WORTH TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/7/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LEE F. CHRISTIE</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>306 W. 7TH ST. STE 901 FOOT WORTH TX 76102</b>		(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 <b>DENNIS SINGLETON</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>12/7/11</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LTC TOM C. SCHWELL</b>	7 Amount of contribution (\$) <b>\$100<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>8908 ANCHORAGE CT. FORT WORTH TX 76179</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>12/8/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WM. + PATRICIA MEADOWS</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3904 HAMILTON AVE FORT WORTH TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/8/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DEE + REBECCA FINLEY</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2412 Meadow Ct. East Fort Worth TX 76109</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/8/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MANNY + JUDY FARREN</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8649 CANYON CREST RD. FORT WORTH TX 76179</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/8/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ANNE + BOB BASS</b>	Amount of contribution (\$) <b>\$5000<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>201 MAIN ST. FORT WORTH TX 76102</b>		(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 Skingleton*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*12/8/11*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*W.A. Moncrief Jr.*

6 Contributor address; City; State; Zip Code

*950 Commerce St.  
Fort Worth TX 76102*

7 Amount of contribution (\$)

*\$500<sup>00</sup>*

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*12/12/11*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*JAMES TEAL*

Contributor address; City; State; Zip Code

*341 Nursery Ln.  
Fort Worth TX 76114*

Amount of contribution (\$)

*\$100<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*12/12/11*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Martene Beckman*

Contributor address; City; State; Zip Code

*2300 Medford Cto  
Fort Worth TX 76109*

Amount of contribution (\$)

*\$250<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*12/12/11*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Haydn H. Cutter*

Contributor address; City; State; Zip Code

*3625 Camp Bowie  
Fort Worth TX 76107*

Amount of contribution (\$)

*\$500<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*12/12/11*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Freese and Nichols PAC*

Contributor address; City; State; Zip Code

*4055 International Plaza Ste 200  
Fort Worth TX 76109*

Amount of contribution (\$)

*\$250<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# 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>12/12/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kernon &amp; Nancy Bryant</i>	7 Amount of contribution (\$) <i>\$500<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1712 Carleton Fort Worth Tx 76107</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>12/12/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. Michael &amp; Marty Craddock</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4904 Dexter Ave Fort Worth Tx 76107</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/12/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Roach</i>	Amount of contribution (\$) <i>\$250<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2805 Alton Rd. Fort Worth Tx 76109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/12/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Martha V. Leonard</i>	Amount of contribution (\$) <i>\$250<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1411 Shady Oaks Lane Fort Worth Tx 76107</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/12/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James R. Dunaway</i>	Amount of contribution (\$) <i>\$250<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>777 Taylor St. Ste 1040 Fort Worth Tx 76102</i>		(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

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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 <i>Dennis Singleton</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12/12/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Wayne &amp; T. Ashby Owen</i>	7 Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>8712 Overland Dr. Fort Worth Tx 76179</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>12/12/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>DANNY &amp; Lynette Jensen</i>	Amount of contribution (\$) <i>\$250<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4004 Hartwood Fort Worth Tx 76109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/12/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>J. Greg Lipp &amp; Catherine Lipp</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6108 Terrance Oaks Ln. Fort Worth Tx 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/15/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JD JOHNSON CF</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 136021 FORT WORTH TX 76136</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/15/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>G. MALCOLM LOUDEN</i>	Amount of contribution (\$) <i>\$2500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>500 W. 7th St. #27 FORT WORTH TX 76102</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 <i>Dennis Shingleton</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12/15/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RICE TILLEY</i>	7 Amount of contribution (\$) <i>\$50.<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>201 MAIN ST. 2200 STE FORT WORTH TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>12/15/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. Allen + Joan DAVIS</i>	Amount of contribution (\$) <i>\$100.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>STAR CHECKING FORT WORTH TX 76107</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/15/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Benjamin + Lori Loughry</i>	Amount of contribution (\$) <i>\$250.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1107 Elizabeth Blvd. Fort Worth TX 76110</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/15/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GIB LEWIS</i>	Amount of contribution (\$) <i>\$250.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2300 RACE ST. FORT WORTH TX 76111</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/15/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOE WALLER</i>	Amount of contribution (\$) <i>\$100.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 150689 FORT WORTH TX 76108</i>		(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>12/15/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>THOMAS F MASTIN IV</i>	7 Amount of contribution (\$) <i>\$100.<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1009 Henderson St. Fort Worth TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>12/17/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>THOMAS KRAMPITZ</i>	Amount of contribution (\$) <i>\$250.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3420 POTOMAC AVE. DALLAS TX 75205</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/17/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GARY &amp; JUDELLE HAVENER</i>	Amount of contribution (\$) <i>\$100.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO BOX 121969 FORT WORTH TX 76121</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/17/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARC &amp; TONYA KEASEY</i>	Amount of contribution (\$) <i>\$150.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO BOX 11296 FORT WORTH TX 76110</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/19/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVID &amp; SUZANNE HOOPER</i>	Amount of contribution (\$) <i>\$100.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4805 REGATTA CRT FORT WORTH TX 76179</i>		(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

DENNIS SHINGLETON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/19/11

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

GOOD GOVERNMENT FUND

6 Contributor address; City; State; Zip Code

201 MAIN ST.  
FORT WORTH TX 76102

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/19/11

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

PSEL PAC

Contributor address; City; State; Zip Code

201 MAIN ST. SUITE 2500  
FORT WORTH TX 76102

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/23/11

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

GALE A CUPP

Contributor address; City; State; Zip Code

9225 HERON DR.  
FORT WORTH TX 76108

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/23/11

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JACK LABOVITZ

Contributor address; City; State; Zip Code

280 BERRY ST.  
FORT WORTH TX 76109

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/23/11

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JIM & GLORIA AUSTIN

Contributor address; City; State; Zip Code

2017 Teakwood Trace  
Fort Worth TX 76112

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(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

*Dennis P. Shingleton*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*12/23/11*

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Mike & Maureen Sause*

6 Contributor address; City; State; Zip Code

*2678 Edward Ave.  
Baton Rouge La. 70808*

7 Amount of contribution (\$)

*\$500.<sup>00</sup>*

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*12/23/11*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*J. Andy Thompson*

Contributor address; City; State; Zip Code

*P.O. Box 9557  
Fort Worth TX 76147*

Amount of contribution (\$)

*\$100.<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*12/23/11*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*Elizabeth Ann Watson*

Contributor address; City; State; Zip Code

*4113 Bunting Ave  
Fort Worth TX 76107*

Amount of contribution (\$)

*\$100.<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*12/27/11*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*R. E. BOLAN*

Contributor address; City; State; Zip Code

*4213 Candlerwind Ln  
Fort Worth TX 76133*

Amount of contribution (\$)

*\$100.<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*12/27/11*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*ERIC HANFIELD*

Contributor address; City; State; Zip Code

*5221 Byers Ave  
Fort Worth TX 76107*

Amount of contribution (\$)

*\$100.<sup>00</sup>*

In-kind contribution description (if applicable)

(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 SHIPLETON</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1/3/2012</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RONALD L. PARRISH</i>	7 Amount of contribution (\$) <i>\$100<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1419 THOMAS PLACE FORT WORTH TX 76107</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>1/3/2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RUSSELL &amp; JEAN GAMBER</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2404 CHIMNEY HILL DR. ARLINGTON TX 76012</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/3/2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARILYN &amp; MIKE BERRY</i>	Amount of contribution (\$) <i>\$1000.<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6217 GENOA RD. FORT WORTH TX 76116</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/3/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TIMOTHY RINKLE</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1345 ROARING SPRINGS RD. FORT WORTH TX 76114</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/3/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>A. B. MINTON</i>	Amount of contribution (\$) <i>\$35<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1367 ROARING SPRINGS RD FORT WORTH TX 76114</i>		(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**  
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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 Singleton*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*1/3/12*

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*TOM & BRENDA BROOKMAN*

6 Contributor address; City; State; Zip Code

*1333 ROARING SPRINGS RD  
FORT WORTH TX 76114*

7 Amount of contribution (\$)

*\$100<sup>00</sup>*

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*1/3/12*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*SUNNY - ALLEN - TACKET*

Contributor address; City; State; Zip Code

*1365 ROARING SPRINGS RD.  
FORT WORTH TX 76114*

Amount of contribution (\$)

*\$10<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*1/3/12*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*GRETA BARRADAS*

Contributor address; City; State; Zip Code

*1331 ROARING SPRINGS RD.  
FORT WORTH TX 76114*

Amount of contribution (\$)

*\$50<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*1/3/12*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*JOAN B. MOORE*

Contributor address; City; State; Zip Code

*1373 ROARING SPRINGS RD  
FORT WORTH TX 76114*

Amount of contribution (\$)

*\$25<sup>00</sup>*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*1/3/12*

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

*J. L. ELKINS*

Contributor address; City; State; Zip Code

*1325 ROARING SPRINGS RD  
FORT WORTH TX 76114*

Amount of contribution (\$)

*\$50<sup>00</sup>*

In-kind contribution description (if applicable)

(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>1/3/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Lt Col George B. Alden</i>	7 Amount of contribution (\$) <i>\$25<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1357 Roaring Springs Ln FORT WORTH TX 76114</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>1/3/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Barbara L Roark</i>	Amount of contribution (\$) <i>\$15<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1355 Roaring Springs Rd. Fort Worth TX 76114</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/3/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Alfred + Juana R. Daniell</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1395 Roaring Springs Ad. Fort Worth TX 76114</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/7/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Reed Pignman Jr.</i>	Amount of contribution (\$) <i>\$500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>200 Texas Way Fort Worth TX 76106</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/7/12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>HALFF ASSOC. STATE PAC</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1201 N BOWSER RD. RICHARDSON TX 75081</i>		(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**

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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 Singleton** 3 ACCOUNT # (Ethics Commission Filers)

4 Date <b>1/7/12</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>TOM &amp; ADELAIDE LEAVENS</b>	7 Amount of contribution (\$) <b>\$50<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3839 SOUTH HILLS CIRCLE FORT WORTH TX 76109</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <b>1/7/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ARNOLD &amp; HARRIETTE GACHMAN</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1229 SHADY OAKS LAKE FORT WORTH TX 76107</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>1/7/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MAC CHURCHILL</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>611 RIVER CREST DRIVE FORT WORTH TX 76107</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>1/7/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Bob &amp; Lynn Nicholas</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6962 MINAMON CIRCLE FORT WORTH TX 76126</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>1/11/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>THOMAS BLANTON</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8805 ROYAL HARBOUR CRT. FORT WORTH TX 76179</b>		(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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>DENNIS SHINGLETON</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>12/8/2011</i>	<b>5</b> Payee name <i>THE ELECTION GROUP</i>
-----------------------------------	--

<b>6</b> Amount (\$) <i>\$3253.69</i>	<b>7</b> Payee address; City; State; Zip Code <i>408 WEST 14th ST. AUSTIN TX 78701</i>
--	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Consulting Fee</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
---------------------------------	--	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>12/9/2011</i>	Payee name <i>THE ELECTION GROUP</i>
--------------------------	---

Amount (\$) <i>\$4058.15</i>	Payee address; City; State; Zip Code <i>408 WEST 14th ST. AUSTIN TX 78701</i>
---------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>12/20/2011</i>	Payee name <i>THE ELECTION GROUP</i>
---------------------------	---

Amount (\$) <i>\$9845.08</i>	Payee address; City; State; Zip Code <i>408 WEST 14th ST. AUSTIN TX 78701</i>
---------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>DENNIS SHINGLETON</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
----------------------------------	---	---

<b>4</b> Date <i>12/29/2011</i>	<b>5</b> Payee name <i>US POSTAL SERVICE</i>
------------------------------------	---

<b>6</b> Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>\$ 26.40</i>	<b>7</b> Payee address; City; State; Zip Code <i>ARLINGTON HEIGHTS FINANCE FONT WORTH TX 76107</i>
--	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Postage</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
---------------------------------	---	--

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
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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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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**