CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers):

2 Total pages filed:

OFFICE USE ONLY

Date Received

RECEIVED JAN 14 2019 CITY OF FORT WORTH CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR. | FIRST: DENNIS | MI: P

NICKNAME | LAST: SHINGLETON | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

PO 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: MR. | FIRST: DEE | MI

NICKNAME | LAST: KELLY, JR. | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

201 MAIN STREET, STE 2500

Fort Worth Tx 76102

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(817) 332-2500

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: 7 / 1 / 2018 THROUGH Month / Day / Year: 12 / 31 / 2018

11 ELECTION

ELECTION DATE: Month / Day / Year: 5 / 6 / 19

ELECTION TYPE:
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☑ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): City Council Dist. 7 Fort Worth Tx

13 OFFICE SOUGHT (if known): City Council Fort Worth Dist. 7

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Dennis Shingleton

15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	
☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 51,595.—
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 12,106.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 83,489.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ —0—

18 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
STEPHANIE MILLS
My Commission Expires
March 9, 2019

AFFIX NOTARY STAMP / SEAL ABOVE

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

Dennis Shingleton
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Dennis Shingleton, this the 14 day of January, 20 19, to certify which, witness my hand and seal of office.

Stephanie Mills	Stephanie Mills	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☑ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 51,595.-
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐ SCHEDULE E: LOANS	$
5.	☑ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 12,106.66
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	John and Linda Maddux 2120 Ridgmar Blvd. Fort Worth, TX 76116	1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Stacey L. Jandrucko 617 Westwood Ave. Fort Worth, TX 76107	1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Bill and Patti Meadows 121 Rivercrest Dr. Fort Worth, TX 76107	200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Suzy Williams 5405 El Campo Fort Worth, TX 76107	100.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Caroline M. Dulle 1217 Cloverlane Fort Worth, TX 76107	100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Chris and Melody Garcia 2709 Manorwood Tr. Fortworth, TX 76107	100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Mike and Beverly Reilly 1017 S. FM Rd. 5 Aledo, TX 76008	250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Bill Crawford, Jr. 6120 Valley View Dr. Fortworth, TX 76116	75.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Robert Nicholas 6962 Miramar Cr. Fort Worth TX 76126	25.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	John and Debbie Aughinbaugh 5608 Byers Ave. Fort Worth TX 76107	250.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Linebarger, Goggan, Blair & Sampson 100 Throckmorton Fort Worth TX 76102	2,500.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Mary and Carter Llewellyn 3535 W. 7th St. Fort Worth TX 76107	100.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Jean and John Roach 2805 Alton Rd. Fort Worth, TX 76107	150.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Russell and Jean Gamber 2404 Chimney Hill Arlington, TX 76013	25.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Jeff and Rinda Wentworth 5020 Bryce Ave. Fort Worth, TX 76107	250.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Terrance and Marsha Wright 1605 Ashland Fort Worth, TX 76107	50.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Michael and Janet Barnard 4237 Wells Dr. Fort Worth, TX 76135	250.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Gail Rawl 4 Westover Rd Fort Worth, TX 76107	50.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Gary and Judy Haverner P.O. Box 121969 Fort Worth, TX 76121	100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Ann and Bill Greenhill 1608 Ashland Ave. Fort Worth, TX 76107	500.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Gale A. Cupp P.O. Box 879 Cold Spring, TX 77331	25.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Marilynn + Mike Berry 6217 Genoa Rd. Fort Worth, TX 76116	500.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Mike + Rosie Montcrief 777 Taylor St. Fort Worth, TX 76102	250.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Dee J. Kelly, Jr. 417 Rivercrest Dr. Fort Wort, TX 76107	500.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Timothy D. Matheus P.O. Box 136215 Fort Worth, TX 76136	50.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Halff Associates, State PAC 1201 N. Browser Rd. Richardson TX 75081	500.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Don Allen 7302 Tidal Trace Arlington, TX 76016	500.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Thomas + Ellen Harris 8040 Valley View Dr. NRH, TX 76182	250.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Cara C. Tackett 3707 Poplin Cove, San Antonio, TX 78251	500.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Donald K. Jury 436 Haltom Rd. Fortworth, TX 76117	1,000.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Hub + Martha Baker 121 East Exchange, Fortworth, TX 76164	1,000.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Kay Granger Campaign Fund 1707 River Run, Fortworth, TX 76107	1,000.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Bill + Melissa Paxton 313 Creekview Terrace Aledo, TX 76008	250.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Richard + Pat Carr 8609 Crossland Dr. Fortworth, TX 76179	500.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Paul Andrews, Jr. 700 Jenkins Rd. Aledo, TX 76008	1,000.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Charlie Powell 13813 Riveria Dr. Fortworth, TX 76028	250.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	J.D. Johnson Campaign Fund P.O. Box 136021 Fort Worth TX 76136	100.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Frank Matthews 154 N. Bailey Ave. Fort Worth, TX 76107	20.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Jack & Janet Stevens 116 N. Broadway Rd. Azle TX 76020	100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Lynette & Daniel Mark Jensen 4004 Hartwood Dr. Fort Worth, TX 76109	250.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 11 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Scott + Kathy Mahaffey 3532 Briarhaven Rd. Fort Worth, TX 76105	250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Justin Light + Taylor Woods 6116 Renwick Ave. Fort Worth, TX 76116	500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Jeannine + Vic Henderson 3863 Candlelite Ln Fortworth TX 76109	100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Bob Madeja P.O. Box 471285 Fortworth TX 76147	100.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 12 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Freese + Nichols PAC 4055 International, Fortworth, TX 76109	500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	L.D. Brightbill III 8908 Crestwood Dr. Fortworth, TX 76107	200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Joan Trew 2501 Museum Way Fortworth, TX 76107	100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Vernell Sturns 6102 Highwoods Tr. Fortworth, TX 76112	100.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 13 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Denny Alexander 4200 S. Hulen St. Fortworth, TX 76109	100.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Anne + Danny Abshire 3316 W. 6th St. Fort Worth TX 76107	25.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Karen Ostrander + Ranzell Nickelson 6801 Fortune Rd. Fortworth, TX 76116	250.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	L. Russell + Kathryn Laughlin 3717 Fox Hollow Fort Worth TX 76109	500.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 14 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Mark McCauley 8464 Heron Dr. Fortworth TX 76108	100.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Gib Lewis 2300 Race St. Fortworth, TX 76111	100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Terry + Allison Montesi 2101 Bradford Pk. Fortworth TX 76107	1,000.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Tim Fleet 3045 Lackland Rd. Fortworth TX 76116	2,500.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 15 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Tom + Michelle Purvis 5301 Byers Ave. Fortworth. TX 76107	250.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Richard + Carol Minker 2865 Manorwood Tr. Fortworth. TX 76109	100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Fort Worth Firefighters Committee 3855 Tulsa Way Fortworth TX 76107	1,000.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Hammer + Nails Club - Candidate 100 E. 15th ST. Fortworth TX 76102	500.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 16 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	P. Michael Peck + Ellen Crowl 9608 Lea Shore Fortworth TX 76179	25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Early + Merry Davis 6500 Shoal Creek Rd Fortworth, TX 76132	200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Adrian + Elva Leblanc 1512 Rivercrest Ct. FtWorth TX 76107	100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Maureen + Michael Sause 2678 Edward Ave. Baton Rouge LA	250.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Jeff Hooper	2552 Cockrell Ave., Ft Worth, TX 76107	100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Jack Labovitz	2810 Berry St. Fort Worth, TX	100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Barclay + Marsha Berdan	3639 Encanto Dr. Fortworth, TX 76109	250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Don + Debra Dykstra	1511 Hunters Lane Westlake TX 76262	100.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 18 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Ann McFadyen 4821 Bryce Ave. Fort Worth, TX 76107	25.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Dr. Robert Brown 1600 Texas St. #2304 Fortworth, TX 76102	25.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Mike & Cindy Holt 409 N. Bailey Ave, Fortworth, TX 76107	250.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Mark & PJ Bronson 9013 Crossland Fortworth, TX 76179	100.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 19 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Jim + Carol Dunaway 500 ALTA Dr. Fortworth, TX 76107	250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Jan Fersing 3800 Trailwood Ln. Fortworth, TX 76109	150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Tom + Jacqueline Galbreath 11717 Cambria Ct. Aledo, TX 76008	100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Tim + Zeline Ward 3601 Monticello Dr. Fortworth, TX 76107	100.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 20 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Mary Palko + Owen Daniel 4309 Cumberland Rd N. Fort Worth, TX	200.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Martha (Marty) Leonard 1411 Shady Oaks Ln Fort Worth, TX 76107	1,000.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Burr + Bette Fairlamb 4820 Bryce Ave. Fort Worth TX 76107	100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Reed Pigman, Jr. 200 Texas Way, Fort Worth, TX	1,000.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2/of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Jerry + Cheryl Conaster 6716 Saint Andrews Rd. Fort Worth, TX 76132	1,000.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Joani + Bob Benda 608 Paint Pony Tr. N. Ft Worth TX	250.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Wayne + Ashley Owen 8712 Overland Dr. Fort Worth, TX 76179	100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Bill + Linda Scroggie 4732 Washborn Ave. Ft. Worth, TX 76107	100.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 22 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	G. Malcolm Louden 500 W. 7th St. #1007 Ft. Worth, TX 76012	5,000.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Mr. + Mrs. Gus Bates 3404 Parkhollow Ft Worth, TX 76109	100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Jaye Skaggs 3800 Monticello Dr. Ft. Worth, TX 76107	25.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Mae Ferguson 1107 Lochlomond Ct. Arlington, TX 76012	100.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 23 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Joe + Melissa Schneider 8833 Ransom Rd. Ft. Worth, TX 76179	250.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Mayor Janie Holderby 2401 W. 7th St. #307 Ft. Worth, TX	100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	James L. Atteberry 101 Rivercrest Dr. Fort Worth, TX 76107	100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Dan E. Lowrance 2008 Four Oaks Ln. Ft. Worth, TX 76107	500.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 24 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Norma + Richard Roby 7578 Morrison Ct. Ft. Worth, Tx	100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Rosa Navejar 2701 Calder Ct. Fortworth, Tx.	250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Harold + Pat Muckleroy Jr. 3455 Ranchview Ct. Ft. Worth Tx 76109	500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Taylor + Shirlee J. Gandy 4250 Sarita Ct. Ft. Worth Tx 76109	500.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 25 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Mike + Jennifer Patterson 6724 Medinah, Ft. worth, TX	2,500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Ted Kitchens 1585 Kelly Rd, Aledo, TX 76008	250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Ronald Sturgeon 5940 Eden Dr. Haltom City, TX	500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Larry Freeman 204 Casa Blanca Ave. Ft. worth TX 76107	100.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 26 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Gary Reynolds P.O. Box 370, Euless, TX 76039	100.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Gary & C. Fickes 4704 Cabernet Cr. Colleyville, TX 7603	200.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Bob & Jerri Watt 5321 Benbridge Dr. Ft. Worth, TX	100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Gary + Anne Terry 117 Shady Lake Ct. (Ft Worth) Hurst, TX 76054	100.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 27 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Michael + Lisa Ward 2300 Hillcrest Fort Worth, TX 76107	250.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Dick + Evelyn Fish 8909 Crosswind Dr. Fort Worth, TX 76179	50.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Michael + Joanna Crain 4450 Oak Park Ln. #100427 Ft. Worth, TX 76109	50.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Drs Janice Kneble + Thomas Fairchild 6725 Medinah Dr. Ft. Worth, TX 76132	500.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 28 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Randy + Beth Gideon 425 Nursery Ln. Ft. Worth, TX 76116	250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Marlene + Jim Beckman 3116 W. 6th St. #200 Ft. Worth, TX 76107	250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Robert Chicotsky 3429 W. 7th St. Fortworth TX 76107	100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Political Action Committee of Pacheco, Koch 7557 Rambler Rd. #1400 Dallas, TX 75231	500.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	☐ out-of-state PAC (ID#:) Margaret + James De Moss 2600 W. 7th St. #2644 Ft. Worth, TX 76102	50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	☐ out-of-state PAC (ID#:) Hayden H. Cutler, Jr. 3825 Camp Bowie Ft. Worth, TX 76107	2,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	☐ out-of-state PAC (ID#:) Tom Krampitz 749 N. Main St. Ft. Worth, TX 76164	200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	☐ out-of-state PAC (ID#:) Mehrdad Moayedi 1800 Valley View Ln Ste 300 Farmers Branch, TX	2,500.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 30 ~~29~~ 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-17-18	Ross + Cheryl Calhoun 3709 Santiago Ct. Irving, TX 75062	1,000.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Mike Groomer	250.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Lee + Kathy Nicol 3882 Southtitle Ct. Ft. Worth, TX 76109	100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-17-18	Conservative Voters Forum 1144 Terrace Tr. Hurst, TX 76053	1,000.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 31 of 31

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
8-17-18	Mattie + David Parker 6 Contributor address; City; State; Zip Code Longbow PAC 502 W. 13th St. Austin, TX 78701	400.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
8-17-18	Travis Clegg Contributor address; City; State; Zip Code 9800 Hillwood Pkwy Ft. Worth TX 76177	500.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 13	2 FILER NAME Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
4 Date 7-30-18	5 Payee name Charleston's	
6 Amount ($) $57.36	7 Payee address; City; State; Zip Code 3020 S. Hulen St. Fort Worth Tx 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food / beverage	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 8-03-18	Payee name Chuy's Fort Worth	
Amount ($) $32.63	Payee address; City; State; Zip Code 2401 W. 7th St. Fort Worth Tx 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food / beverage	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 8-6-18	Payee name Luciles Restaurant	
Amount ($) $44.70	Payee address; City; State; Zip Code 4700 Camp Bowie Blvd. Fort Worth Tx 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food / beverage	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 13	2 FILER NAME Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
4 Date 8-13-18	5 Payee name Original Mexican Restaurant	
6 Amount ($) $1814.63	7 Payee address; City; State; Zip Code 4713 Camp Bowie Blvd. Fort Worth Tx 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food / beverage campaign fund raiser	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 8-22-18	Payee name Ironside Fish & Oyster Restaurant	
Amount ($) $300.36	Payee address; City; State; Zip Code 1654 India St. San Diego Ca 92101	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food / beverage USS FW. HOST	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 8-23-18	Payee name Cubesmart	
Amount ($) $168.—	Payee address; City; State; Zip Code 3969 Boat Club Rd. Lake Worth Tx 76235	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead (rental)	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 13	2 FILER NAME Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
4 Date 9-6-18	5 Payee name Original Mexican Restaurant	
6 Amount ($) 34.31	7 Payee address; City; State; Zip Code 4713 Camp Bowie Blvd. Fort Worth Tx 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food/beverage	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 9-7-18	Payee name USPostal Service	
Amount ($) 50.-	Payee address; City; State; Zip Code 3101 W. 7th St. Fort Worth Tx 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) postage	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 9-13-18	Payee name Rotary Club of Fort Worth	
Amount ($) $300.-	Payee address; City; State; Zip Code 306 W. 7th St. Fort Worth Tx 76102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - dues	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 13	2 FILER NAME Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
4 Date 9-14-18	5 Payee name Old Neighborhood Grill	
6 Amount ($) 24.19	7 Payee address; City; State; Zip Code 1633 Park Place Ave Fort Worth Tx 76110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food / beverage	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 9-18-18	Payee name Leadership Fort Worth	
Amount ($) $150.-	Payee address; City; State; Zip Code Po Box 11371 Fort Worth Tx 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) donation	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 9-18-18	Payee name Eppstein Group	
Amount ($) $2478.69	Payee address; City; State; Zip Code 2830 S. Hulen St. #361 Fort Worth Tx 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
5 of 13	Dennis Shingleton	

4 Date	5 Payee name
9-24-18	Amon Carter Museum of American Art

6 Amount ($)	7 Payee address; City; State; Zip Code
$250.—	3501 Camp Bowie Blvd Fort Worth Tx 76107

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	donation	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
10-1-18	Friends of Nature Center

Amount ($)	Payee address; City; State; Zip Code
$385.—	9601 Fossil Ridge Rd. Fort Worth Tx 76135

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	donation - signage	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date	Payee name
10-1-18	Brotherhood for Fallen - Fort Worth

Amount ($)	Payee address; City; State; Zip Code
$ 100.—	Po Box 4453 Fort Worth Tx 76164

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	donation	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
6 of 13	Dennis Shingleton	

4 Date	5 Payee name
10-1-18	El Paseo Restaurant

6 Amount ($)	7 Payee address; City; State; Zip Code
$24.25	5436 JACKSBORO Hwy Fort Worth Tx 76114

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	food/beverage	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
10-3-18	Lucile's Restaurant

Amount ($)	Payee address; City; State; Zip Code
$47.68	4700 Camp Bowie Blvd. Fort Worth Tx 76107

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	food/beverage	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date	Payee name
10-4-18	US POSTAL SERVICE

Amount ($)	Payee address; City; State; Zip Code
250.-	3101 W. 7th St. Fort Worth Tx 76107

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	rental PO Box	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 of 13	2 FILER NAME Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
4 Date 10-5-18	5 Payee name Piola Italian Restaurant	
6 Amount ($) $86.45	7 Payee address; City; State; Zip Code 3700 MATTISON AVE Fort Worth Tx 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food / beverage	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 10-23-18	Payee name USS FORT WORTH SUPPORT CHARITIES	
Amount ($) $1000.-	Payee address; City; State; Zip Code PO BOX 246 Fort Worth Tx 76101	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) donation	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 10-30-18	Payee name Lucile's RESTAURANT	
Amount ($) $42.66	Payee address; City; State; Zip Code 4700 Camp Bowie Blvd. Fort Worth Tx 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food / beverage	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
8 of 13	Dennis Shingleton	

4 Date	5 Payee name
11-5-18	Cubesmart

6 Amount ($)	7 Payee address; City; State; Zip Code
$112.-	3969 Boat Club Rd. Lake Worth Tx 76235

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Office overhead (rental)	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
11-7-18	Luciles Restaurant

Amount ($)	Payee address; City; State; Zip Code
$63.61	4700 Camp Bowie Blvd. Fort Worth Tx 76107

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	food / beverage	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date	Payee name
11-8-18	TEXAS WESLEYAN UNIV.

Amount ($)	Payee address; City; State; Zip Code
$500.—	1201 WESLEYAN STREET FORT WORTH TX 76105

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	donation	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9 of 13	2 FILER NAME Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
4 Date 11-9-18	5 Payee name Fort Worth Club	
6 Amount ($) $600.—	7 Payee address; City; State; Zip Code 306 W. 7th St. Fort Worth TX 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food / beverage fundraising	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 11-14-18	Payee name Staples	
Amount ($) $43.27	Payee address; City; State; Zip Code 1660 S. University Drive Fort Worth TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 11-15-18	Payee name Chuy's Fort Worth	
Amount ($) $41.62	Payee address; City; State; Zip Code 2401 W. 7th St. Fort Worth TX 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food / beverage	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10 of 13

2 FILER NAME: Dennis Shingleton

3 Filer ID (Ethics Commission Filers)

4 Date: 11-15-18

5 Payee name: Chuy's Fort Worth

6 Amount ($): $28.92

7 Payee address; City; State; Zip Code: 2401 W. 7th St. Fort Worth Tx 76107

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): food / beverage

(b) Description
- [ ] Check if travel outside of Texas. Complete Schedule T.
- [ ] Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

---

Date: 11-21-18

Payee name: Lucile's Restaurant

Amount ($): 69.03

Payee address; City; State; Zip Code: 4700 Camp Bowie Blvd Fort Worth Tx 76107

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): food / beverage

Description
- [ ] Check if travel outside of Texas. Complete Schedule T.
- [ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

---

Date: 11-21-18

Payee name: Chevreya Pena

Amount ($): $500.-

Payee address; City; State; Zip Code: 5407 Collinwood Dr Fort Worth Tx 76107

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Consulting Expense

Description
- [ ] Check if travel outside of Texas. Complete Schedule T.
- [ ] Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11 of 13	2 FILER NAME Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
4 Date 11-29-18	5 Payee name Piola Italian Restaurant	
6 Amount ($) $37.29	7 Payee address; City; State; Zip Code 3700 Mattison Dr. Fort Worth Tx 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food / beverage	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 12-12-18	Payee name Sister Cities of Fort Worth	
Amount ($) $1000.—	Payee address; City; State; Zip Code 908 Monroe St. Fort Worth Tx 76102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) donation	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 12-14-18	Payee name Northwest Tarrant Lions Club	
Amount ($) $90.—	Payee address; City; State; Zip Code Arizolas Restaurant 6055 Lake Worth Blvd. Lake Worth Tx 76135	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) donation	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12 of 13	2 FILER NAME Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
4 Date 12-14-18	5 Payee name Cat City Grill	
6 Amount ($) 26.65	7 Payee address; City; State; Zip Code 1208 W. Magnolia Fort Worth Tx 76104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/beverage	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 12-17-18	Payee name Niles City Hall	
Amount ($) $116.—	Payee address; City; State; Zip Code 112 E. Exchange St. Fort Worth Tx 76164	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/beverage	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 12-18-18	Payee name Fort Worth Club	
Amount ($) $187.06	Payee address; City; State; Zip Code 306 W. 7th St. Fort Worth Tx 76102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/beverage	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13 of 13	2 FILER NAME Dennis Shingleton	3 Filer ID (Ethics Commission Filers)
4 Date 12-21-18	5 Payee name LISS FORT WORTH CHARITIES	
6 Amount ($) $1000.—	7 Payee address; City; State; Zip Code PO Box 246 Fort Worth Tx 76101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) donation	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 12-23-18	Payee name LIS POSTAL SERVICE	
Amount ($) $50.30	Payee address; City; State; Zip Code 3101 W. 7th St. Fort Worth Tx 76107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Postage	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY 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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED