

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEXAS

OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 ACCOUNT # (Ethics Commission Filers)

2 Total pages filed: **13** ~~11 (eleven)~~ *all*

3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
		NICKNAME	LAST	SUFFIX	Date Received			
		DENNIS P. SHINGLETON			RECEIVED JUN 10 2011 CITY OF FT. WORTH CITY SECRETARY			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	Date Hand Delivered or Date Postmarked		
<input type="checkbox"/> Change of Address		PO BOX 470336 FORT WORTH TX 76147				Date Processed		
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER	EXTENSION	Receipt #:	Amount		
		(817)	371 - 4150					
6 CAMPAIGN TREASURER NAME		MS / MRS / MR	FIRST	MI	Date Imaged			
		NICKNAME	LAST	SUFFIX				
		MR. JOHN 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		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)						
10 PERIOD COVERED		Month	Day	Year	THROUGH	Month	Day	Year
		5	5	2011		6	8	2011
11 ELECTION		ELECTION DATE			ELECTION TYPE			
		Month	Day	Year	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special
		6	18	2011				
12 OFFICE		OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
					CITY COUNCIL DISTRICT 7			
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.						
		Name						
		Address / PO Box; Apt. / Suite #; City; State; Zip Code						
<input type="checkbox"/> additional pages								

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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

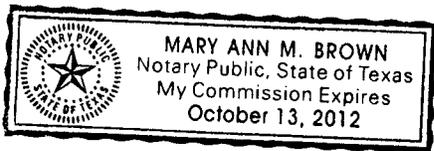
17 NOTICE FROM POLITICAL COMMITTEE(S)

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

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>2110-</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>27,547.62</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>-0-</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>25,253.48</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>16,083.15</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>5000.-</u>

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 Singleton
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dennis Singleton, this the 9th day of June, 20 11, to certify which, witness my hand and seal of office.

Mary Ann Means Brown Mary Ann Means Brown Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME DENNIS P. SHINGLETON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/5/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORT WORTH FIREFIGHTERS FOR	7 Amount of contribution (\$) \$102.62	8 In-kind contribution description (if applicable) T-SHIRTS FOR CAMPAIGN
6 Contributor address; City; State; Zip Code 3855 TULSA WAY FORT WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
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 SINGLETON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/5/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHEN P. MONTGOMERY	7 Amount of contribution (\$) \$200⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5207 BYERS AVE. FORT WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/5/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JERRY D. & MARTHA MINTON	Amount of contribution (\$) \$20⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5404 EL DONADO DR. FORT WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/5/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. EARL COX	Amount of contribution (\$) \$200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4903 WESTBRIAR DR. FORT WORTH TX 76109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/5/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT G WEST	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 301 COMMERCIAL ST. SUITE 3500 FORT WORTH TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/5/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES R. TOAL	Amount of contribution (\$) \$250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 341 NURSERY LN. FORT WORTH TX 76114		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME DENNIS SHINGLETON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/5/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNE T. & ROBERT M. BASS	7 Amount of contribution (\$) \$2000.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 201 MAIN ST FORT WORTH TX 76102		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/5/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Q PAC	Amount of contribution (\$) \$1000.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 301 COMMERCE ST. SUITE 3200 FORT WORTH TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/9/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREATER FORT WORTH REAL ESTATE PAC	Amount of contribution (\$) \$1000.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 301 COMMERCE ST STE 2400 FORT WORTH TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/11/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSS & CHERYL CALHOUN	Amount of contribution (\$) \$500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3709 SANTIAGO COURT IRVING TX 75062		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/11/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARD P. BASS	Amount of contribution (\$) \$2000.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 201 MAIN ST SUITE 2700 FORT WORTH TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME DENNIS SHINGLETON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/11/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bob & Barbara Moore	7 Amount of contribution (\$) \$ 20.-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7583 Sunside Dr. Ft Worth TX 76135		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/11/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Louise & Frank Carvey	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3601 Overton Park Dr. Fort Worth TX 76109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/11/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JACK E. COLE	Amount of contribution (\$) \$50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1205 VIRGINIA PL. FORT WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/11/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FORT WORTH POLICE OFFICERS ASSOC	Amount of contribution (\$) \$2500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 904 COLLIER FORT WORTH TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/23/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DANNY & LYNETTE JENSEN	Amount of contribution (\$) \$250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4004 HARTWOOD FORT WORTH TX 76109		(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

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2 FILER NAME DENNIS SHINGLETON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/23/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DR. & MRS ROBERT W. BROWN	7 Amount of contribution (\$) \$100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4100 CLARKE AVE FORT WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/23/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W. A. MONCRIEF JR.	Amount of contribution (\$) \$880⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 950 COMMERCE ST. FORT WORTH TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/23/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRAD BARNES	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 1978 FORT WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/23/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOLT HICKMAN	Amount of contribution (\$) \$500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5800 MERRY MOUNT RD. FORT WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/23/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAROLYN & JEFF FRALEY	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1209 THOMAS PL. FORT WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME DENNIS SINGLETON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/23/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MRS. ESTIL A VANCE	7 Amount of contribution (\$) \$50⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3901 MOCKINGBIRD LN FORT WORTH TX 76109		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/23/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAN E. LOWRANCE	Amount of contribution (\$) \$500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4051 MODLIN AVE FORT WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/26/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DON N. PESKA & JUDITH PESKA	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5017 RANCH VIEW RD. FORT WORTH TX 76109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/26/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD & CAROL MINKER	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4258 ALTURA RD. FORT WORTH TX 76109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/27/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES T. AYRES	Amount of contribution (\$) \$1000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2728 MERCEDES AVE. FORT WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

DENNIS SHINGLETON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/27/11

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

JACKIE D. BEWLEY

7 Amount of contribution (\$)

\$1000.⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**2200 S. RIVERSIDE DR.
FORT WORTH TX 76104**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/31/11

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

ROBERT & ANN ROSS

Amount of contribution (\$)

\$200.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**201 MAINST.
FORT WORTH TX 76102**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/1/11

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

ALLEN HODGES

Amount of contribution (\$)

\$500.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**306 W. 7th St. Suite 701
FORT WORTH TX 76102**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/1/11

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

CHESAPEAKE ENERGY FOR TEXANS PAC

Amount of contribution (\$)

\$750.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**815 BRAZOS STE A #106
AUSTIN, TX 78701**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/1/11

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

FORT WORTH FIREFIGHTERS C/O RG

Amount of contribution (\$)

\$200.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**3855 TULSA WAY
FORT WORTH TX 76107**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME DENNIS SHINGLETON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/2/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RANDALL GIDEON	7 Amount of contribution (\$) \$250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3812 MONTICELLO DR. FORT WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/4/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Q PAC	Amount of contribution (\$) \$2000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 301 COMMERCE ST SUITE 3200 FORT WORTH TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/4/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FORT WORTH REALTORS PAC	Amount of contribution (\$) \$2000.-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2650 PARKVIEW DR. FORT WORTH TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/7/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARTY : MIKE CRADDOCK	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4904 DEXTER AVE. FORT WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/7/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marty Leonard	Amount of contribution (\$) \$500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1411 Shady Oaks Ln. FORT WORTH TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Dennis Skingleton</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6/7/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>June & B. O'bell Molpus</i>	7 Amount of contribution (\$) <i>\$25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>529 ATHENIA DR. 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>6/7/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Liz & Scott Tindall</i>	Amount of contribution (\$) <i>\$1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>630 N. FREEWAY SUITE 300 FORT WORTH TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/7/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>STACEY HART</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>FORT WORTH COUNTRY CLUBS FORT WORTH TX 76107</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/7/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CH2M HILL PAC</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>12377 MERIT DR 10th FLD DALLAS, TX 75251</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME DENNIS SHINGLETON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/11/11	5 Payee name THE ELECTION GROUP, LLC
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6 Amount (\$) \$4977.87	7 Payee address; City; State; Zip Code 408 West 14th St. AUSTIN, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/11/11	Payee name THE ELECTION GROUP, LLC
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Amount (\$) \$1058.69	Payee address; City; State; Zip Code 408 WEST 14th ST. AUSTIN, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/11/11	Payee name THE ELECTION GROUP, LLC
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Amount (\$) \$4756.34	Payee address; City; State; Zip Code 408 WEST 14th ST. AUSTIN TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/24/11	Payee name THE ELECTION GROUP, LLC
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Amount (\$) \$12,983.03	Payee address; City; State; Zip Code 408 West 14th St. AUSTIN, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME DENNIS SINGLETON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/25/11	5 Payee name US POSTAL SERVICE
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6 Amount (\$) \$435.-	7 Payee address; City; State; Zip Code US POST OFFICE, BAILEY ST. FORT WORTH TX 76107
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) STAMPS	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/14/11	Payee name MAL'S GRILL
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Amount (\$) 1008.71	Payee address; City; State; Zip Code MONTGOMERY PLAZA FORT WORTH TX 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/23/11	Payee name HOME DEPOT
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Amount (\$) \$33.84	Payee address; City; State; Zip Code LAKE WORTH TX 76179
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED