

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

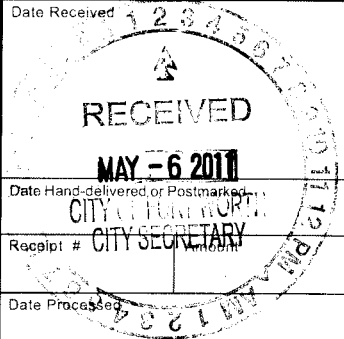
FORM C/OH
COVER SHEET PG 1

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

1 ACCOUNT #
 (Ethics Commission Filers)

2 Total pages filed:

8

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY				
	NICKNAME	LAST	SUFFIX					
		Daniel						
		Scarth						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	Date Hand-delivered or Postmarked		
	505 HighWoods TR Ft. Worth, TX 76112							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed				
	(817) 446.7311							
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Imaged				
	NICKNAME	LAST	SUFFIX					
		John						
		Burge						
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE			
	829 Firewheel TR Ft. Worth, TX 76112							
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	(817) 457.3338							
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	Month	Day	Year		
	4 / 11 / 11			THROUGH	5 / 4 / 11			
11 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
			05 / 14 / 2011					
12 OFFICE	OFFICE HELD (if any)			OFFICE SOUGHT (if known)				
	Fort Worth City Council member D-4			Fort Worth Council member District 4				
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	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							

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

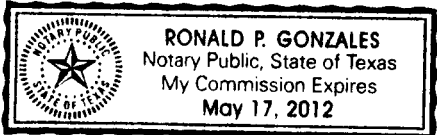
15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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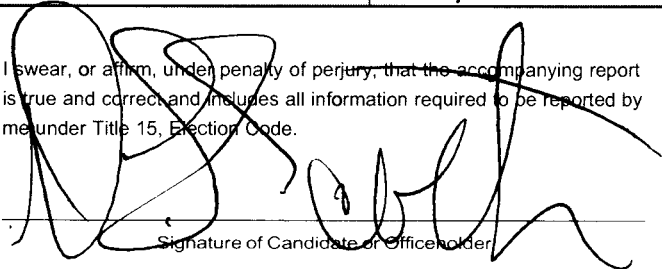
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>6,700⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5,750⁰⁰</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>76,900⁹⁶</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</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.

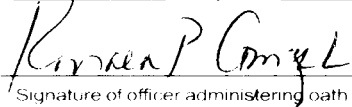




Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel L. Scarth, this the tenth day of May, 2011, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Ronald P. Gonzales

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1 of 2

2 FILER NAME

Daniel L. Scarth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/22/11

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

Carla Newell

6 Contributor address; City; State; Zip Code

6000 Lantana Lane
Fort Worth, TX 76112

7 Amount of contribution (\$)

2,500⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/22/11

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

Greater Fort Worth Association of Realtors

Contributor address; City; State; Zip Code

2650 Parkview DR.
Fort Worth, TX 76102

Amount of contribution (\$)

1,500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/22/11

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

CH2M Hill Texas PAC

Contributor address; City; State; Zip Code

1277 Mait DR, Dallas, TX
76251

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/22/11

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

Jerry or Connie Barton

Contributor address; City; State; Zip Code

3512 Stone Creek Ln, S.
Fort Worth, TX 76137

Amount of contribution (\$)

1,000⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/22/11

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

Hammer & Nails Club

Contributor address; City; State; Zip Code

7001 Boulevard DR.
Fort Worth, TX 76180

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

20/2

2 FILER NAME

Daniel L. Scarth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/22/11

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

Don Hansen

6 Contributor address; City; State; Zip Code

4201 N. Main, Ste 119
Fort Worth, TX 76106

7 Amount of contribution (\$)

1000⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1 of 4

2 FILER NAME

Daniel L. Scarth

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/13/11

5 Payee name

Harland Clarke

7 Amount (\$)

25⁸⁹/₁₁

6 Payee address: City: State: Zip Code

2000 Hambley Edersville
Riverbend Bank, FW, TX 76118

8 Purpose of payment (See instructions regarding type of information required.)

Bank Charges

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4/12/11

Payee name

Combined Arts Media

Amount (\$)

600⁰⁰

Payee address: City: State: Zip Code

P.O. Box 171623
Arlington, TX 76003-1623

Purpose of payment (See instructions regarding type of information required.)

Graphics Design

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4/13/11

Payee name

Riverbend Bank (Cash)

Amount (\$)

400⁰⁰

Payee address: City: State: Zip Code

2000 Hambley-Edersville Rd.
Fort Worth, TX 76118

Purpose of payment (See instructions regarding type of information required.)

~~Cash~~ Hog Trapping Supplies
Community Projects

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4/16/11

Payee name

Andre Tucker

Amount (\$)

125⁰⁰

Payee address: City: State: Zip Code

10121 Leatherwood Dr.
Ft. Worth, TX 76108

Purpose of payment (See instructions regarding type of information required.)

Labor for Hog Traps Assembly

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 of 4

2 FILER NAME

Daniel L. Scarth

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/22/11

Chuy's 507

6 Payee address; City; State; Zip Code

2017th Street, Suite 110
FW, TX 76107

22³⁴/₁₀₀

8 Purpose of payment (See instructions regarding type of information required.)

Campaign lunch

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/22/11

Riverbend Bank

Payee address; City; State; Zip Code

2000 Handley - Ederville
Fort Worth, TX 76118

1⁵⁰/₁₀₀

Purpose of payment (See instructions regarding type of information required.)

Bank Fee

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/25/11

Mercury Chop House

Payee address; City; State; Zip Code

301 Main Str
F.W., TX 76102

39⁴⁰/₁₀₀

Purpose of payment (See instructions regarding type of information required.)

Campaign lunch

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/22/11

Global Mail

Payee address; City; State; Zip Code

1162 Country Club Lane
Fort Worth, TX 76112

2357.28

Purpose of payment (See instructions regarding type of information required.)

mail cuts

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

3 of 4

2 FILER NAME

Daniel L. Searth

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/27/11

5 Payee name

Starbucks

7 Amount (\$)

3.25

6 Payee address; City; State; Zip Code

Fort Worth, TX

8 Purpose of payment (See instructions regarding type of information required.)

Sign Crew
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4/27/11

Payee name

BJ's Restaurant

Amount (\$)

55.73

Payee address; City; State; Zip Code

952 NE Loop 820
Hurst, TX 76053

Purpose of payment (See instructions regarding type of information required.)

Campaign/Sign Crew Dinner
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4/25/11

Payee name

Global Mail

Amount (\$)

165.00

Payee address; City; State; Zip Code

1162 Country Club Lane
Fort Worth, TX 76112

Purpose of payment (See instructions regarding type of information required.)

Postage
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

4/28/11

Payee name

YMK Sushi

Amount (\$)

27.62

Payee address; City; State; Zip Code

2901 Fair Dr.
& Western Center Blvd
Fort Worth, TX 76137

Purpose of payment (See instructions regarding type of information required.)

Sign Crew lunch
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

<p>The Instruction Guide explains how to complete this form.</p>	<p>1 Total pages Schedule F: 4 of 4</p>
<p>2 FILER NAME Daniel L. Scarth</p>	<p>3 ACCOUNT # (Ethics Commission filers)</p>

<p>4 Date 5/03/11</p>	<p>5 Payee name Custom Buttons</p> <p>6 Payee address; City; State; Zip Code Internet-SpeedyButtons.com</p>	<p>7 Amount (\$) 113⁸⁰</p>
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<p>8 Purpose of payment (See instructions regarding type of information required.) Campaign Buttons (If travel outside of Texas, complete Schedule T)</p>	<p>9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held</p>
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<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p>	<p>Amount (\$)</p>
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<p>Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)</p>	<p>** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held</p>
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<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p>	<p>Amount (\$)</p>
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<p>Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)</p>	<p>** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held</p>
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<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p>	<p>Amount (\$)</p>
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<p>Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)</p>	<p>** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held</p>
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED