**GOTO PAGE 2** 

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

(512) 463-5800

14 C/OH NAME	vaniel L	Scarth	15 ACCOUNT # (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 I 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			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	ED   \$ <b>/</b>		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  \$ 4400 000  \$				
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	MIZED \$ 40500		
	4. TOTAL POLITICAL EXPENDITURES \$12,672.37				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 98,977				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
18 AFFIDAVIT		is true and correct and includes all	perjury, that the accompanying report information required to be reported by		
×.	RONALD P. GONZALE MY COMMISSION EXPIRI May 17, 2016	ES V	didate or Officeholder		
AFFIX NOTARY STAME	P / SEAL ABOVE	David Co	. 11		
Sworn to and subscribed before me, by the said					
day of MIII, 20 13, to certify which, witness my hand and seal of office.  The seal of the seal of office.					
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath					

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	Daniel L. Scarth	1	3 ACCOUNT # (E	Ethics Commission Filers)
3/02/15	5 Full name of contributor Gout-of-state PAC (IDS)	hie & Samse	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
7 /	6 Contributor address; City; State; Zip Code		1,00000	 
	Austin TX 73760		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor   out-of-state PAC (ID#_  Sandra Mcglothlin		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/04/1	Contributor address; City; State; Zip Code		500	
	Ft. 1. Joeth. Full 92			
	pation / Job title (See Instructions)  Ner Empire Roofing	Employer (See I		of Texas, complete Schedule T)
		<u> </u>	······································	
Date	Robert H. BROWGER	) :	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/04/15	Contributor address; City: State: Zip Gode	<b>v</b> L	25000	
	Aleda TX 76008		(If travel outside o	   pf Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/02/15	Contributor address; City; State; Zip Code		20000	
'	Fl. Worth, TX	Ne) HODT		
			•	of Texas, complete Schedule T)
Principal eccup	riked Dwher Golf Rang	Employer (See I	nstructions)	
2/01/15	Full name of contributor uut-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
ر المحارد	Contributor address; Gity; State; Zip Code	ف	10000	
	ARlington, TX 76013	3	(If travel outside o	of Texas, complete Schedule T)
Principal pesup	ation / Job title (See Instructions)	Employer (See Ir		
K	LTIKEQ			

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	riel L. Scarth		3 ACCOUNT # (E	thics Commission Filers)
3/02/15	5 Full name of contributor out-of-state PAC (ID#:_  6 Contributor address; City: state; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	725 Putter DRIVE Ft. Worth, TX 741	12	(If travel outside	       of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
3/10/15	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 201 Mary St. Stee		1,500	· · · · · · · · · · · · · · · · · · ·
	Ft. WORTH, TX 7611			of Texas, complete Schedule T)
	Business Executive	Employer (See I	nstructions)	
2/15/15	Full name of contributor out-of-state PAC (ID#:_  Brenda Kostoh R4Z		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/0/13	Contributor address; City: State; Zip Code  20 WISTOUL Rd		2500	<b>-</b> !
	Ft. Worth, TX 76109		(If travel outside o	of Texas, complete Schedule T)
Principal occup	Shop Dwner	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10/15	Contributor address; City; State; Zip Code 914 AHa DRIVE, Ft. WOR	th76107	25000	
				f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)  PEULOPER	Employer (See Ir	nstructions)	
3/10/15	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	3639 Enlanto, Ft. Wol 76109	ern.	(If travel outside o	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		Complete Collectule 1)

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

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense **Event Expense** 

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)
· <u></u>	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F:	2 FILER NAME  3 ACCOUNT # (Ethics Commission Filers)
4 Date 1/23/15	Bob's Steak & Chop House
6 Amount (\$)	7 Payee address; City; State; Zip Code
88 led	1300 Houston Fort Worth, TX 76/02
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)  (b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	FOOD TRUITOUR EXPONSE (Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held
Date 1/28/15	Ft. Worth Hispanic Chamber Eevent
Amount (\$)	Payee address; City; State; Zip Code
75000	1327 N. Main St., FW, TX 76/164
PURPOSE OF	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	EVENT EXPENSE Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
Date 1/28/15	Bob's Steak & ChapHouse
Amount (\$)	Payee address; City; State; Zip Code
12608	1300 Houston, Ft. Worth, TX 76102
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food BEVENAGE SUPPLE Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name () 1 Office sought Office held
2/02/15	Payee name 51 Ver Leaf
Amount (\$)	Payee address; City; State; Zip Code
107	426 Commerce Ft Worth, TX 76102
PURPOSE	Category (See categories listed at the top of this schedule)  Pescription (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	FOOD & BEVERGE CONSULTATION, TX, Officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

# SCHEDULE F

	EXPENDITURE	CATEGORIES FOR	=====================================	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contrac Solicitation/Fundraising Travel In District Travel Out Of District Office Overhead/Rental	ct Labor Loan Rep Expense Transport Contributi Candid Expense OTHER (d	payment/Reimbursement ation Equipment & Related Expense ions/Donations Made By date/Officeholder/Political Committee enter a category not listed above)
1 Total pages Schedule F:		- explains now to comp	· · · · · · · · · · · · · · · · · · ·	CCCURT " (Fibing Commission Filess)
2 of 10  4 Date  1 Total pages Schedule F:	5 Payee name TMNPRATUE IV	Scarth Soundion		CCOUNT # (Ethics Commission Filers)
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code		
15000	1550 West B	Serry St.	FIWOR	L, X 76110
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (D)	Description (If travel outs	side of Texas, complete Schedule T)
EXPENDITURE	Consultant		Check if Austin, TX, of	fficeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name OH		Office sought	Office held
2/10/15	Reata The Be	zckstage	\_ al	1 TV
Amount (\$)	Payae address ous for Sta	ates the real t	Ft. WOR	7C 1/
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If travel outs	ide of Texas, complete Schedule T)
OF EXPENDITURE	Constitueu	t Relation	Check if Austin, TX, of	ficeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	C	Office sought	Office held
2/10/15	Payee name Zio Carlo			
Amount (\$)	Payee address; City; Sta	te; Zip Code		
3211	1001 West ma	gnolia, 76	104	
PURPOSE	Category (See categories listed at the top	his schedule)	Description (If travel outs	ide of Texas, complete Schedule T)
OF EXPENDITURE	Food & Beverag	e staff	Check if Austin, TX, of	ficeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	, <i>(</i> ) c	Office sought	Office held
2/11/15	Booker Inc	Justries		
700°00	Payee address; City; State 5415 Maple Que	te; Zip Code L #230 D	illas, TX	75235
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	_	ide of Texas, complete Schedule T)  iceholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder Name	0	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

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	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	• •	oan Repayment/Reir	mbursement
Accounting/Banking	Legal Services	Solicitation/Fundra	ising Expense T	ransportation Equipn	nent & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donation	ns Made By older/Political Committee
Event Expense	Polling Expense	Travel Out Of Dist			
Fees	Printing Expense	Office Overhead/R	•	•	gory not listed above)
	The Instruction Guide	explains now to	complete this form	<del></del>	
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4 Date	5 Payee name				
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6 Amount (\$)	7 Payee address; City; Sta	ite; Zip Code			
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8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description (If	travel outside of Texas, c	omplete Schedule T)
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EXPENDITURE	PRINTING XX	Muse,	Check if Aus	tin, TX, officeholder livi	ng expense
0.0	Candidate / Officeholder name	perc -	Office sought	<u> </u>	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		,	Office sought		Office field
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OF					
EXPENDITURE	Event		Check if Aust	tin, TX, officeholder livir	ng expense
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expenditure to benefit C/C			Omes seagm		J55 11514
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P.O. Box 12070

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Advertising Expense	•	Salaries/Wages/Co		Loan Repayment/Re	
Accounting/Banking	Legal Services	Solicitation/Fundra	ilsing Expense	•	ment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donation	
Event Expense	Polling Expense	Travel Out Of Dis			older/Political Committee
Fees	Printing Expense	Office Overhead/F	Rental Expense	OTHER (enter a cate	egory not listed above)
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1 Total pages Schedule F:	2 FILER NAME	Z . ~ 11		3 ACCOUNT #	(Ethics Commission Filers)
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4 Date	5 Payee name		<b>-</b>		
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2/2/6/15	$\perp$ U)N(SKUA $\downarrow$	ر حور			
6 Amount (ft)	7 Payee address; City; St	ate; Zip Code		****	
6 Amount (\$)	I rayee address, I City, Si	ale, Zip Code	,76102		
1/1/20	12NN HAIRTON	4t. 1W	176100	_	
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8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(If travel outside of Texas,	complete Schedule T)
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9 Complete ONLY if direct	Candidate / Officeholder name	7	Office sough	nt	Office held
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	UTTICE HOUSE	1/2///	☐ Check if A	ustin, TX, officeholder liv	ıng expense
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expenditure to benefit C/C	OH				
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	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULE AS	NEEDED	

# SCHEDULE F

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Event Expense	- ·	avel in District avel Out Of Distri		Contributions/Donation Candidate/Officeho	ns Made By older/Political Committee
Fees	Printing Expense O	ffice Overhead/Re	ental Expense	OTHER (enter a categ	ory not listed above)
, i	The Instruction Guide ex	plains how to c	omplete this for	m.	
1 Total pages Schedule F:	2 FILER NAME	1		3 ACCOUNT#	Ethics Commission Filers)
50/10	Daniel L. J	carth			
4 Date	5 Payee name		\ . I	An 4+	
3/04/05	Five (nuys Du	rdance	, Hous	JOK N.	
6 Amount (\$)	7 Payee address; City; State;	Zip Code	1		
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8 PURPOSE	(a) Category (See categories listed at the top of the	nis schedule)	(b) Description (	If travel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE	Tard d Ray Day Bac	10/10	.:0		
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9 Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
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	Davies name				
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PURPOSE	Category (See categories listed at the top of th	is schedule)	Description (I	f travel outside of Texas, co	mplete Schedule T)
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Complete ONLY if direct	Candidate / Officeholder name	7	Office sought		Office held
expenditure to benefit C/O	Н				
Date	Payee name		,		
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Amount (\$)	Payee address; City; State;	Zip Code			103
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83	6146 TEKSNU	y we		1	
	Category (See categories listed at the top of the	is schedule)	Description #	f travel outside of Texas, co	emplete Schedule T)
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EXPENDITURE	rundraiser	-	Check if Au	stin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

P.O. Box 12070

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense	•	Contribution Donation Made Dy		
Fees	Printing Expense Office Overhea	d/Rental Expense OTHER (enter a category not listed above)		
	The Instruction Guide explains how	to complete this form.		
1 Total pages Schedule F:	Daniel L. Scarth	3 ACCOUNT # (Ethics Commission Filers)		
4 Date 3/12/15	Ttaly Pastad Pizz	a		
224 224	7 Payee address; City; State; Zip Code 800 East LOOP 820, Ft	Worth 7/112		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Neighborhood Meeting	Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held		
3/17/15	Home Depot, Eas	st Loop 820		
Amount (\$)	Payee address; City; State; Zip Code	`		
16319	East Loop 8201 tullo	<u></u>		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Sign Expense	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date 3/17/15	Custom Sign Bann	ere		
Amount (\$)	Payee address; City; State; Zip Code	—1.		
1,665	Payee address; City; State; Zip Code Internet Houstor	-1 T X		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Advertising-	Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name	Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/O				
Date 3 19/17	Bob's Strake Ch	op House		
Amount (\$) 1 6721	Payee address; City; State; Zip Code	t. Worth, 76102		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Constituent Meetin	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	V Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Austin, Texas 78711-2070 (5

#### POLITICAL EXPENDITURES

IOLITIOAL	EXI ENDITORES			CONLEGGE	•
	EXPENDITURE	CATEGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Cont Solicitation/Fundraisi Travel In District Travel Out Of District Office Overhead/Rer	ract Labor Loa ng Expense Trai Cor it OTI	in Repayment/Reimbursement nsportation Equipment & Related E ntributions/Donations Made By Candidate/Officeholder/Political Co HER (enter a category not listed a	ommittee
	The Instruction Guide	explains how to co	mplete this form.		
1 Total pages Schedule F:	Daniel L.S	carth		3 ACCOUNT # (Ethics Commiss	sion Filers)
4 Date   19/15	Cafe Press				
6 Ambunt (\$) 24 <u>02</u>	7 Payee address; City; Sta	ate; Zip Code			
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (	b) Description (If tra	vel outside of Texas, complete Schedule	T)
OF EXPENDITURE	Advertising	_	Check if Austin	, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	Office held	
3/23/15	Payee name Global Mail	Manay	ament		
Amount (\$)	Payee address; City; Sta	ite; Zip Code	1		
2136433	576 N. Beal	0km 5t. 7	6112		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If tra	vel outside of Texas, complete Schedule	T)
OF EXPENDITURE	Printing, Mailie	ng adver	Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought	Office held	
3/23/15	Bird Cafe				
Amount (\$)	Payee address; City, Sta  313 CDMMERCE	- · · · · ·	76102		
	Category (See categories listed at the top	of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T	Γ)
PURPOSE OF EXPENDITURE	Food Beverage	Campaign	Check if Austin,	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held	
3/23/15	Payee name Abertson's				
Amount (\$)	Payee address: City; Star SOO ESST City; Star Loop 820 Ft. I	te; Zip Code WDRH, T	6112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)		vel outside of Texas, complete Schedule T TX, officeholder living expense	τ)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	•	Office sought	Office held	
	ATTACH ADDITIONAL CO	OPIES OF THIS SC	HEDULE AS NEE	DED	

P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/	Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F:	Daniel L. Scarth	3 ACCOUNT # (Ethics Commission Filers)
4 Date 7 3 23 15	5 Payee name AlbertSDN'S	
6 Ambunt (\$)4	Poo East 820, 74112	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	CompainsEvent	Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
3/23/15	Payee name	=
8740	Payee address; City; State; Zip Code -	Blvd, Ft, Worth 74,120
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Campaign win	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
3/15/15	Payee name Eligant	
Amount 6	Payee address; (City; State; Zip Code	Ct. 76148
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Evert/Table Revtal	Description (If travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
3/25/15	Payee hame Novelty Lights	
Amount (\$) 127 <sup>13</sup>	Payee address; City; State; Zip Code  Internet Purchas	<u></u>
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

(512) 463-5800

# **POLITICAL EXPENDITURES**

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages Legal Services Solicitation/Fun- Food/Beverage Expense Travel In District Polling Expense Travel Out Of D	Contract Labor draising Expense tt Contributions/Donations Made By Candidate/Officeholder/Political Committee b/Rental Expense  Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)		
1 Total pages Schedule F:	2-FILER NAME A	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	Daniel L. Scarth	C //GGGGTT II / Lance GGTH, III.GIGT		
3/26/15	Wine Thief			
6 Amount (\$)	7 Payee address; City; State; Zip Code (300 Houston St.) I-t.	WORTH, TX 76/02		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	food Beverage Observa	Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office held		
3/27/15	Bud Cafe			
Amount (\$)	Payee address; City; State; Zip Code 3 13 Commerce:	st., 76102		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Constituent Meeting	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held		
3/30/15	Payee name  Global Mail Manage  Payee address; City; State; Zip Code (  574 N. Black St, 71	gement		
2,000	576 N. Black St. 71	117		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	trint Mail	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
3/30/15	Payee name Chuy5			
Amount (\$)	Payee address; City; State; Zip Code  2401 7th 5t., 761	07		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Campaight Matter  S	Description (If travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officenolder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Advertising Expense Accounting/Banking Consulting Expense Event Expense	Legal Services Solicitation/Fur Food/Beverage Expense Travel In Distri Polling Expense Travel Out Of	s/Contract Labor Indraising Expense Ict District Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By 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:	Daniel L. Scart	3 ACCOUNT # (Ethics Commission Filers)
3/30/15	5 Payee name CNLURON	
6 Amount (3)	7 Payee address; City; State; Zip Code Church, Ff. Worth	ΤX
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	3/1/4000 18 g	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
3/31/15	Home Depot	
Amount (\$)	Payee address; City; State; Zip Code	
Ilde	East doop 820, 76112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Advice 1505 5 1505	Description (If travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Date 4/1/15	Simply Eligant	
549 <u>29</u>	Rayee address; Fufe Show	
PURPOSE OF	Category (See categories listed at the top of this schellule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Every Conques 27/an	Check if Austin, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH		
Date 4/02/15	Chewscake Factory	,
Amount (\$) 2/6 <sup>95</sup>	Payee address; City; State; Zip Code 455 Communic St. 76	402
, PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Beverage Campains	Description (If travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		