

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD**  
**CITY SECRETARY**  
**FT. WORTH, TX**

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

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

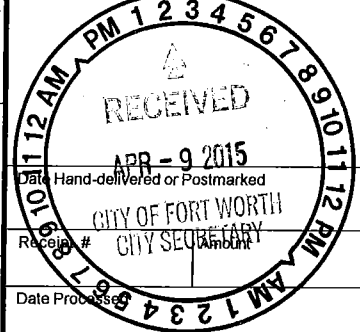
**1 ACCOUNT #**  
(Ethics Commission Filers)

**2 Total pages filed:**

14

## OFFICE USE ONLY

Date Received



**3 CANDIDATE /  
OFFICEHOLDER  
NAME**

MS / MRS / MR

FIRST

Daniel

MI

L

NICKNAME

Danny

LAST

Scarth

SUFFIX

**4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

505 Highwood ST Trail  
Fort Worth, TX 76112

☐ change of address

**5 CANDIDATE/  
OFFICEHOLDER  
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(817)

446.7311

**6 CAMPAIGN  
TREASURER  
NAME**

MS / MRS / MR

FIRST

John

MI

NICKNAME

Burge

SUFFIX

**7 CAMPAIGN  
TREASURER  
ADDRESS  
(residence or business)**

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

829 Firewheel Ct Ft. Worth TX 76112

**8 CAMPAIGN  
TREASURER  
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(817)

457.3338

**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

1 / 15 / 15

THROUGH

Month

Day

Year

4 / 8 / 15

**11 ELECTION**

ELECTION DATE  
Month Day Year

5 / 9 / 15

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

**12 OFFICE**

OFFICE HELD (if any)

City Council District 4

**13 OFFICE SOUGHT (if known)**

City Council District 4

**GOTO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Daniel 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 / 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

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 4400<sup>00</sup>EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 405<sup>00</sup>

4. TOTAL POLITICAL EXPENDITURES

\$ 12,672<sup>37</sup>CONTRIBUTION  
BALANCE

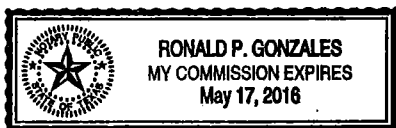
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 98,977<sup>00</sup>OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 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 9th day of April, 20 15, to certify which, witness my hand and seal of office.

Ronald P. Gonzales  
Signature of officer administering oath

Ronald P. Gonzales  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1 of 2

2 FILER NAME

Daniel L. Scarth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/02/15

5 Full name of contributor

Lineberger, Goggan, Blair &amp; Samson

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

1,000<sup>00</sup>

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

P.O. Box 17428  
Austin, TX 73760

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/02/15

Full name of contributor

Sandra McGlothlin

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

500<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5301 Sun Valley Dr  
Ft. Worth, TX 76119

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner Empire Roofing

Employer (See Instructions)

Date

3/02/15

Full name of contributor

Robert H. Browder

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

250<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

153 Quail Bluff Lane  
Aledo TX 76008

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/02/15

Full name of contributor

Martha V. Leonard

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

200<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1411 Shady Oaks Lane  
Ft. Worth, TX 76107

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired / Owner Golf Range

Employer (See Instructions)

Date

3/02/15

Full name of contributor

Lewis Marchbanks

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

100<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

254 West View Terrace  
Arlington, TX 76013

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

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 of 2

2 FILER NAME

Daniel L. Scarth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/02/15

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

Carl Langley

6 Contributor address; City; State; Zip Code

725 Putter Drive  
Ft. Worth, TX 761127 Amount of  
contribution (\$)

100.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date

3/10/15

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

Edward P. Bass

Contributor address; City; State; Zip Code

201 Main St. Ste 2700  
Ft. Worth, TX 76102Amount of  
contribution (\$)

1,500

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Business Executive

Employer (See Instructions)

Date

3/10/15

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

Brenda Koston Ryz

Contributor address; City; State; Zip Code

20 Westover Rd  
Ft. Worth, TX 76109Amount of  
contribution (\$)

250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Shop Owner

Employer (See Instructions)

Date

3/10/15

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

Brad Hickman

Contributor address; City; State; Zip Code

914 Alta Drive, Ft. Worth 76107

Amount of  
contribution (\$)

250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Developer

Employer (See Instructions)

Date

3/10/15

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

Barclay Beedan

Contributor address; City; State; Zip Code

3639 Ineanto, Ft. Worth  
76109Amount of  
contribution (\$)

250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR 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/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 19/10 2 FILER NAME Daniel L. Scarth 3 ACCOUNT # (Ethics Commission Filers)

4 Date 1/23/15 5 Payee name Bob's Steak & Chop House

6 Amount (\$) 8862 7 Payee address; City; State; Zip Code 1300 Houston Fort Worth, TX 76102

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)  
Constituent Food & Beverage Expense ☐ 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 1/28/15 Payee name Ft. Worth Hispanic Chamber Event

Amount (\$) 750<sup>00</sup> Payee address; City; State; Zip Code 1327 N. Main St., FW, TX 76104

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)  
Event Expense ☐ Check if Austin, TX, officeholder living expense

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

Date 1/28/15 Payee name Bob's Steak & Chop House

Amount (\$) 126<sup>08</sup> Payee address; City; State; Zip Code 1300 Houston Ft. Worth, TX 76102

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)  
Food Beverage Expense ☐ Check if Austin, TX, officeholder living expense

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

Date 2/02/15 Payee name Silver Leaf

Amount (\$) 107<sup>04</sup> Payee address; City; State; Zip Code 426 Commerce Ft Worth, TX 76102

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)  
Food & Beverage/Consultant ☐ 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****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 of 10		2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/10/15		5 Payee name Imperative Information			
6 Amount (\$) 1500 <sup>00</sup>		7 Payee address; City; State; Zip Code 1550 West Berry St, Ft Worth, TX 76110			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consultant		(b) Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> 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 2/10/15		Payee name Reata @ The Backstage			
Amount (\$) 80 <sup>00</sup>		Payee address; City; State; Zip Code 310 Houston Street Ft. Worth TX			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Constituant Relation		Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date 2/10/15		Payee name Zio Carlo			
Amount (\$) 32 <sup>17</sup>		Payee address; City; State; Zip Code 1001 West magnolia, 76104			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Beverage staff meeting		Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date 2/11/15		Payee name Booker Industries			
Amount (\$) 700 <sup>00</sup>		Payee address; City; State; Zip Code 5415 Maple Ave #230 Dallas, TX 75235			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Consulting Services		Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> 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****SCHEDULE F****EXPENDITURE CATEGORIES FOR 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/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>3 of 10</b>	2 FILER NAME <b>Daniel L. Scarth</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>2/15/15</b>	5 Payee name <b>Vista Print</b>	
6 Amount (\$) <b>130<sup>99</sup></b>	7 Payee address; City; State; Zip Code <b>Internet Purchase</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <b>2/17/15</b>	Payee name <b>Capitol Grill</b>	
Amount (\$) <b>22<sup>14</sup></b>	Payee address; City; State; Zip Code <b>800 Main Street Ft Worth, TX 76102</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event</b>	Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <b>2/20/15</b>	Payee name <b>Italy Pasta &amp; Pizza</b>	
Amount (\$) <b>50<sup>65</sup></b>	Payee address; City; State; Zip Code <b>800 East Loop 820, Ft. Worth 76102</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food &amp; Beverage/campaign staff</b>	Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <b>2/23/15</b>	Payee name <b>I Hop, 1664 South University 76107</b>	
Amount (\$) <b>25<sup>70</sup></b>	Payee address; City; State; Zip Code <b>Food &amp; Beverage/staff</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR 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/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 4 of 10	<b>2</b> FILER NAME Daniel L. Scarth	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 2/26/15	<b>5</b> Payee name Whisky & Rye	
<b>6</b> Amount (\$) 40 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 1300 Houston St, FW, 76102	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food & Beverage/Campaign Staff	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 3/02/15	Payee name B&H Photo	
Amount (\$) 199 <sup>95</sup>	Payee address; City; State; Zip Code Internet Purchase, NY, NY	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office/Advertising	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 3/04/15	Payee name Office Depot	
Amount (\$) 66 <sup>00</sup>	Payee address; City; State; Zip Code 401 Carroll St, Ft. Worth, 76107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Supplies	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 3/04/15	Payee name Sushi Axiom	
Amount (\$) 36 <sup>21</sup>	Payee address; City; State; Zip Code 2600 W. 7th St, Ft. Worth, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Beverage/Campaign Mt.	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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5 of 10

Daniel L. Scarth

<b>4</b> Date	<b>5</b> Payee name
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3/04/15

Five Guys Sundance, Houston St.

<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code
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19<sup>54</sup>

313 Houston St., Ft, TX 76102

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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Food &amp; Beverage/Council

☐ Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> 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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3/6/15

Exon mobile

Amount (\$)	Payee address; City; State; Zip Code
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49<sup>02</sup>

Ft. Worth, TX

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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Campaign Expense/Signs

☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> 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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3/9/15

Pop's Safari

Amount (\$)	Payee address; City; State; Zip Code
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31<sup>59</sup>

2929 Morton, St., 76107

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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Food / Beverage Constituent

☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> 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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3/12/15

Holy Family School

Amount (\$)	Payee address; City; State; Zip Code
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83<sup>00</sup>

6146 Pershing Ave, Ft. Worth, 76107

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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Fundraiser

☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> 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.

<b>1</b> Total pages Schedule F: 6 of 10	<b>2</b> FILER NAME Daniel L. Scarth	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 3/12/15	<b>5</b> Payee name Italy Pasta & Pizza	
<b>6</b> Amount (\$) 22 <sup>24</sup>	<b>7</b> Payee address; City; State; Zip Code 800 East Loop 820, Ft. Worth 76112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Neighborhood Meeting	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought      Office held

Date 3/17/15	Payee name Home Depot, East Loop 820	
Amount (\$) 163 <sup>14</sup>	Payee address; City; State; Zip Code East Loop 820, Ft. Worth 76112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Sign Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought      Office held

Date 3/17/15	Payee name Custom Sign Banner	
Amount (\$) 1,665 <sup>20</sup>	Payee address; City; State; Zip Code Interneet Houston, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought      Office held

Date 3/19/17	Payee name Bob's Steak & Chop House	
Amount (\$) 67 <sup>21</sup>	Payee address; City; State; Zip Code 1300 Houston St. Ft. Worth, 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Constituent Meeting	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought      Office held

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**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: <b>7 of 10</b>	2 FILER NAME <b>Daniel L. Scarth</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>3/19/15</b>	5 Payee name <b>Cafe Press</b>
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6 Amount (\$) <b>24<sup>02</sup></b>	7 Payee address; City; State; Zip Code <b>Internet/ PayPal</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising</b>	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 <b>3/23/15</b>	Payee name <b>Global Mail Management</b>
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Amount (\$) <b>2,364<sup>53</sup></b>	Payee address; City; State; Zip Code <b>576 N. Beach St. 76112</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Printing, Mailing Advertising</b>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 <b>3/23/15</b>	Payee name <b>Bird Cafe</b>
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Amount (\$) <b>36<sup>04</sup></b>	Payee address; City; State; Zip Code <b>313 Commerce, Ft. TX 76102</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food Beverage Campaign Staff</b>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 <b>3/23/15</b>	Payee name <b>Albertson's</b>
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Amount (\$) <b>476<sup>5</sup></b>	Payee address; City; State; Zip Code <b>800 East Loop 820 Ft. Worth, 76112</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 8 of 10	<b>2</b> FILER NAME Daniel L. Scarth	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 3/23/15	<b>5</b> Payee name ALBERTSON'S	
<b>6</b> Amount (\$) 30.24	<b>7</b> Payee address; City; State; Zip Code 800 East 820, 76112	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Campaign Event	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought      Office held

Date 3/23/15	Payee name American Legion	
Amount (\$) 87.40	Payee address; City; State; Zip Code 6801 Manhattan Blvd, Ft. Worth 76120	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Event	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought      Office held

Date 3/25/15	Payee name Simply Elegant	
Amount (\$) 500.00	Payee address; City; State; Zip Code 6709 Rube Snow, Ft. 76148	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event/ Table Rental	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought      Office held

Date 3/25/15	Payee name Novelty Lights	
Amount (\$) 127.13	Payee address; City; State; Zip Code Internet Purchase	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event/ Lights	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought      Office held

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR 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/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>9 of 10</b>		2 FILER NAME <b>Daniel L. Scarth</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/26/15</b>		5 Payee name <b>Wine Thief</b>			
6 Amount (\$) <b>69.79</b>		7 Payee address; City; State; Zip Code <b>1300 Houston St., Ft. Worth, TX 76102</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Food Beverage Consultant</b>		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 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 <b>3/27/15</b>		Payee name <b>Bird Cafe</b>			
Amount (\$) <b>42.72</b>		Payee address; City; State; Zip Code <b>313 Commerce St., 76102</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Constituent Meeting</b>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/30/15</b>		Payee name <b>Global Mail Management</b>			
Amount (\$) <b>2,000.00</b>		Payee address; City; State; Zip Code <b>576 N. Beach St., 76112</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Print Mail</b>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/30/15</b>		Payee name <b>Chuy's</b>			
Amount (\$) <b>29.00</b>		Payee address; City; State; Zip Code <b>2401 7th St., 76107</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Campaign Meeting</b>		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 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****SCHEDULE F****EXPENDITURE CATEGORIES FOR 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/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 100 of 10	<b>2</b> FILER NAME Daniel L. Scarth	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 3/30/15	<b>5</b> Payee name CHEVRON	
<b>6</b> Amount (\$) 5363	<b>7</b> Payee address; City; State; Zip Code CHEVRON, Ft. Worth, TX	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Sign/Advertising	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought      Office held

Date 3/31/15	Payee name Home Depot	
Amount (\$) 16610	Payee address; City; State; Zip Code East loop 820, 76112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising/Signs	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought      Office held

Date 4/1/15	Payee name Simply Elegant	
Amount (\$) 54929	Payee address; City; State; Zip Code 6709 Rufe Snow	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event/Campaign/Table	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought      Office held

Date 4/02/15	Payee name Cheesecake Factory	
Amount (\$) 21695	Payee address; City; State; Zip Code 455 Commerce St. 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage/Campaign/Event	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought      Office held

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