

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD

CITY SECRETARY

FT. WORTH, TEXAS

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:

23

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

O Daniel L
Danny Scarth4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

☐ change of address305 Highwood ST
Fort Worth, TX 761125 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

817 446-7311

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

O John D
Burge7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

829 Firewheel TR
Fort Worth, TX 761128 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

THROUGH

Month

Day

Year

4 8 15

4 30 15

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☐ Primary☐ Runoff☒ General☐ Special

5 9 15

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council
District 4City Council
District 4

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Daniel L. Searth

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

\$ 50.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 30,525.00

EXPENDITURE
TOTALS

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

\$ 325.00

4. TOTAL POLITICAL EXPENDITURES

\$ 14,278.00

CONTRIBUTION
BALANCE

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

\$ 115,224.00

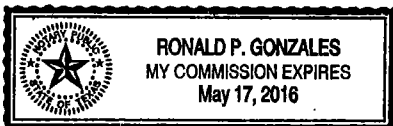
OUTSTANDING
LOAN TOTALS

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. Searth, this the 1st day of May, 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:

2 FILER NAME

Danny L. Scarth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/1/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Glen Hahn

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

~~100~~ 2804 Heritage Hills Ct.
Ft. Worth 76109

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/1/15

Full name of contributor

☐ out-of-state PAC (ID#)

Timothy H. Fleaf

Amount of contribution (\$)

2500⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3045 Lackland Rd. Ft W
76116

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/15

Full name of contributor

☐ out-of-state PAC (ID#)

Janet Hahn

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2804 Heritage Hills Ct. Ft W
76109

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/15

Full name of contributor

☐ out-of-state PAC (ID#)

Don Allen

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7302 Tidal Trace Arlington TX
76016

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/15

Full name of contributor

☐ out-of-state PAC (ID#)

Larry Hoffman

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1705 Rockview Ct. Ft Worth
76112

(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:

2 FILER NAME

Danie L. Scarth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/1/15

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

James & Ruth Lemons

6 Contributor address; City; State; Zip Code

5850 Woodrill Ct. Ft. Worth TX 76112

7 Amount of contribution (\$)

500⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/1/15

Full name of contributor

☐ out-of-state PAC (ID# _____)

Charles Mc Bride

Contributor address; City; State; Zip Code

6620 Yolanda Dr - Ft. W 76112

Amount of contribution (\$)

1000⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/15

Full name of contributor

☐ out-of-state PAC (ID# _____)

Allen Hodges

Contributor address; City; State; Zip Code

306 W. 7th Street Ft. Worth 76108

Amount of contribution (\$)

300⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/15

Full name of contributor

☐ out-of-state PAC (ID# _____)

Betsy Price Campaign

Contributor address; City; State; Zip Code

P.O. Box 100066

Amount of contribution (\$)

500⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/15

Full name of contributor

☐ out-of-state PAC (ID# _____)

Paul Andrews

Contributor address; City; State; Zip Code

700 Jenkins Rd. Ft. W 76008

Amount of contribution (\$)

500⁰⁰

(If travel outside of Texas, complete Schedule T)

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

Daniel L. Scarth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/1/15

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

Denny Alexander

6 Contributor address; City; State; Zip Code

4200 S. Hulen St. Ft. Worth

7 Amount of contribution (\$)

300⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/1/15

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

David Goodroe

Contributor address; City; State; Zip Code

4500 Creekside Dr. Ft. Worth

Amount of contribution (\$)

200⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/15

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

John Roach

Contributor address; City; State; Zip Code

2805 Alton Rd. Ft. Worth TX
76109

Amount of contribution (\$)

1000⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/15

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

PSEL

Contributor address; City; State; Zip Code

201 Main St. #2500 Ft. Worth TX
76102

Amount of contribution (\$)

2500⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/15

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

Chris Gavers

Contributor address; City; State; Zip Code

1201 Throckmorton St. #2105 FTW

Amount of contribution (\$)

250⁰⁰

(If travel outside of Texas, complete Schedule T)

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

Daniel L. Scarth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/1/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Focus 2000 LTD.

6 Contributor address; City; State; Zip Code

932 Country Club Ln. Ft. Worth 76112

7 Amount of contribution (\$)

200⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/1/15

Full name of contributor

☐ out-of-state PAC (ID#)

Lineberger, Goggin Blair Sampson LLP

Contributor address; City; State; Zip Code

P.O. Box 17428 Austin TX 78760

Amount of contribution (\$)

1500⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/15

Full name of contributor

☐ out-of-state PAC (ID#)

G. Malcolm Loudem

Contributor address; City; State; Zip Code

500 W. 7th St. # 27 1002 Ft. W 76102

Amount of contribution (\$)

5000⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/15

Full name of contributor

☐ out-of-state PAC (ID#)

Stacy Jandruko

Contributor address; City; State; Zip Code

617 Westwood Ave. Ft. Worth 76107

Amount of contribution (\$)

1000⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/15

Full name of contributor

☐ out-of-state PAC (ID#)

Linda Bates

Contributor address; City; State; Zip Code

6158 Indigo Ct. Ft. Worth 76112

Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

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

Daniel L. Scarth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/1/15

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

Robert Terrell

6 Contributor address; City; State; Zip Code

7629 Nutwood Pl. Ft. Worth TX 76133

7 Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/1/15

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

Thomas Krampitz

Contributor address; City; State; Zip Code

807 N. Oak Cliff Blvd. Ft. Worth TX 75208

Amount of contribution (\$)

2500⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/15

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

Pete & Becky Green

Contributor address; City; State; Zip Code

1200 Washington Ter. Ft. W 76107

Amount of contribution (\$)

500⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/15

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

Marlyn Berry

Contributor address; City; State; Zip Code

6217 Genoa Rd. Ft. Worth TX 76112

Amount of contribution (\$)

1000⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/15

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

Carla Newell

Contributor address; City; State; Zip Code

5151 Cliffrose Ln. Ft. Worth TX 76109

Amount of contribution (\$)

2500⁰⁰

(If travel outside of Texas, complete Schedule T)

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

Daniel L. Scarth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/11/15

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

Keith Newell

7 Amount of contribution (\$)

2500⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9320 Wood Duck Dr. Ft. Worth TX 76118

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/11/15

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

Linebarger Goggan

Amount of contribution (\$)

1500⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 17428 Austin TX 78760

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/15

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

Robert Riley

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4117 Walnut Creek Ct. Ft. Worth TX 76137

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/15

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

Lee Christie

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

306 W. 7th St. # 901 Ft. Worth TX 76102

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/15

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

Bell Helicopter Textron Pac

Amount of contribution (\$)

300⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 482 Ft. Worth TX 76101

(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:

2 FILER NAME

Daniel L. Searth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/11/15

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Gary Woody

6 Contributor address; City; State; Zip Code

409 High Woods Tr. Ft. W. TX 76112

7 Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/11/15

Full name of contributor

☐ out-of-state PAC (ID# _____)

Hammer & Nails Club

Contributor address; City; State; Zip Code

100 E. 15th Street #600 Ft. Worth TX 76102

Amount of contribution (\$)

750⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/15

Full name of contributor

☐ out-of-state PAC (ID# _____)

John Eskridge

Contributor address; City; State; Zip Code

1444 Carriage Ln. Keller TX 76248

Amount of contribution (\$)

50⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/15

Full name of contributor

☐ out-of-state PAC (ID# _____)

David Green

Contributor address; City; State; Zip Code

740 Patter Dr. Ft. Worth TX 76112

Amount of contribution (\$)

200⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/15

Full name of contributor

☐ out-of-state PAC (ID# _____)

James Wyatt

Contributor address; City; State; Zip Code

921 Highwoods Tr. Ft. Worth TX 76112

Amount of contribution (\$)

250⁰⁰

(If travel outside of Texas, complete Schedule T)

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:

1 of 1

2 FILER NAME

Daniel L. Scarth

3 ACCOUNT# (Ethics Commission Filers)

4 Date

4/1/15

5 Full name of contributor

☐ out-of-state PAC (ID#)

Richard Herring

6 Contributor address; City; State; Zip Code

PO Box 7243 Ft. Worth TX
76111

7 Amount of contribution (\$)

50⁰⁰

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

4/1/15

Full name of contributor

☐ out-of-state PAC (ID#)

H.A. Shaban

Contributor address; City; State; Zip Code

401 N. Beach St. 76111

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

4/1/15

Full name of contributor

☐ out-of-state PAC (ID#)

Lee Hughes

Contributor address; City; State; Zip Code

5320 Camp Bowie Blvd Ste D
Ft Worth 76107

Amount of contribution (\$)

1500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/15

Full name of contributor

☐ out-of-state PAC (ID#)

Cytha Boling

Contributor address; City; State; Zip Code

4717 Norma St. Ft. Worth TX
76103

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/15

Full name of contributor

☐ out-of-state PAC (ID#)

Charles Hedges

Contributor address; City; State; Zip Code

7301 Monterrey Dr. Ft. Worth
76112

Amount of contribution (\$)

50⁰⁰

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:

2 FILER NAME

Daniel L. Scarth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/1/15

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

Nancy Walker

6 Contributor address; City; State; Zip Code

6101 Santana Ln. Ft. W 76112

7 Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/1/15

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

Tim Morton

Contributor address; City; State; Zip Code

P.O. Box 7485 Ft Worth TX 76124

Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/15

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

C.H. Murtagh

Contributor address; City; State; Zip Code

729 Patter Dr. Ft.W. TX 76112

Amount of contribution (\$)

100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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 (\$)

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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 (\$)

(If travel outside of Texas, complete Schedule T)

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

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

4/1/15

David Brethling

6 Contributor address; City; State; Zip Code

7332 Ellis Rd. TX, 76112

100⁰⁰

(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#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

4/1/15

Thomas Unterberger

Contributor address; City; State; Zip Code

600 Highwoods Tr. Fort Worth TX
7611250⁰⁰

(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#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

4/15

Barbara Nickerson

Contributor address; City; State; Zip Code

5909 End O Trail Ft. Worth TX
76112500⁰⁰

(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#)

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)

Date

Full name of contributor

☐ 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)

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****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: 14/12	2 FILER NAME Daniel L. Scarth	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/8/15	5 Payee name Premier Graphics
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6 Amount (\$) 500.	7 Payee address; City; State; Zip Code Houston, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Signs/Polling expense	(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
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Date 4/10/15	Payee name Brewed Ft. Worth TX 76102
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Amount (\$) 144 ¹⁴	Payee address; City; State; Zip Code Campaign Planning Meeting / Food & Beverage
----------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Beverage Staff Lunch/Event	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 4/13/15	Payee name Edward Kick
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Amount (\$) 105 ⁰⁰	Payee address; City; State; Zip Code Ft. Worth, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	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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Date 4/13/15	Payee name Exon Mobile
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Amount (\$) 500	Payee address; City; State; Zip Code Ft. Worth, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel	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.

1 Total pages Schedule F: <u>2 of 12</u>		2 FILER NAME <u>Daniel L. Scarth</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4/13/15</u>		5 Payee name <u>B.J.S.</u>			
6 Amount (\$) <u>89.53</u>		7 Payee address; City; State; Zip Code <u>Ft. Worth/Hurst</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Food Beverage/campaign staff mtg</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>mtg</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>4/13/15</u>		Payee name <u>Exxon Mobile</u>			
Amount (\$) <u>39.16</u>		Payee address; City; State; Zip Code <u>Ft. Worth, TX</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Travel in District/Meeting</u>		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 <u>4/13/15</u>		Payee name <u>Home Depot 653</u>			
Amount (\$) <u>135.46</u>		Payee address; City; State; Zip Code <u>Ft. Worth, TX 76112</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Polling Expense/signs</u>		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 <u>4/13/15</u>		Payee name <u>Pizza Hut</u>			
Amount (\$) <u>30.97</u>		Payee address; City; State; Zip Code <u>Ft. Worth, TX 76112</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Food for sign crew</u>		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: 3 of 12		2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/13/15		5 Payee name Sunbelt Rentals Ft. Worth Rentals #1			
6 Amount (\$)		7 Payee address; City; State; Zip Code Fort Worth, TX 76120			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Generator for Kickoff event		(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 4/10/15		Payee name Longhorn Council B			
Amount (\$) 90.00		Payee address; City; State; Zip Code Hurst, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Meeting space for Park Glen WA 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 4/13/15		Payee name The Home Depot 253 Ft. Worth, TX			
Amount (\$) 57.00		Payee address; City; State; Zip Code Sign Materials			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Polling		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 4/13/15		Payee name Waters Restaurant			
Amount (\$) 46.43		Payee address; City; State; Zip Code 734E Ft. Worth, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food for campaign staff		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	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: 4 of 12		2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/14/15		5 Payee name Exxon Mobile Ft. Worth			
6 Amount (\$) 11.23		7 Payee address; City; State; Zip Code Ft. Worth, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fuel for sign volunteers		(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 4/15/15		Payee name Poly Highschool Culinary Arts School			
Amount (\$) 1,500 ⁰⁰		Payee address; City; State; Zip Code Poly High School, Ft. Worth			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food for Kick off party		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 4/15/15		Payee name Edward & Ruth Ford			
Amount (\$) 100 ⁰⁰		Payee address; City; State; Zip Code 6301 Randol Mill Rd., Ft Worth 76112			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Labor for Kick Off Party		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 4/15/15		Payee name Waffle House 0385			
Amount (\$) 18.91		Payee address; City; State; Zip Code Ft. Worth, TX 76112			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food & Beverage for sign staff		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	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: 5 of 12		2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/15/15		5 Payee name			
6 Amount (\$) 35.37		7 Payee address; City; State; Zip Code Home Depot #653 Ft. Worth 76112			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Polling/sign expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 4/16/15		Payee name Bob's Chop House			
Amount (\$) 12.12		Payee address; City; State; Zip Code Ft. Worth 76102			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Planning Mtg		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH					
Date 4/16/15		Payee name Shaw's Patio Ft. Worth, TX			
Amount (\$) 31.37		Payee address; City; State; Zip Code Magnolia Avenue			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Meeting		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH					
Date 4/17/15		Payee name Bird Cafe			
Amount (\$)		Payee address; City; State; Zip Code Ft. Worth, TX 76102			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Volunteer Meeting		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH					

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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: 6 of 12		2 FILER NAME Daniel L. Searth		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/20/15		5 Payee name Silver Leaf			
6 Amount (\$) 68.44		7 Payee address; City; State; Zip Code Ft. Worth, TX 76102			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Campaign Planning Mtg.		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought Office held		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 4/20/15		Payee name Ft. Worth Sister Cities			
Amount (\$)		Payee address; City; State; Zip Code Ft. Worth, TX 76120			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Awards/Memorial		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OH					
Date 4/20/15		Payee name Taverna 450 Throckmorton			
Amount (\$) 66.21		Payee address; City; State; Zip Code Ft. Worth 76102			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consultant Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OH					
Date 4/21/15		Payee name Edward & Ruthertford			
Amount (\$) 150.00		Payee address; City; State; Zip Code Ft. Worth, TX 76112			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Sign/Labor/Contract		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OH					
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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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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: <u>7 of 12</u>		2 FILER NAME <u>Daniel L. Scarth</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4/21/15</u>		5 Payee name <u>The Epstein Group</u>			
6 Amount (\$) <u>424.46</u>		7 Payee address; City; State; Zip Code <u>4055 International St. 600 FW, TX 76109</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Consulting</u>		(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 <u>4/21/15</u>		Payee name <u>Exon Mobile</u>			
Amount (\$) <u>16.04</u>		Payee address; City; State; Zip Code <u>1790 Ft. Worth, TX 76102</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Travel in District/meeting</u>		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 <u>4/21/15</u>		Payee name <u>Buc-EEs #35</u>			
Amount (\$) <u>33.52</u>		Payee address; City; State; Zip Code <u>Temple, TX</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Travel out of District/Legislative</u>		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 <u>4/22/15</u>		Payee name <u>Shell Oil</u>			
Amount (\$) <u>36.65</u>		Payee address; City; State; Zip Code <u>West, TX</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Travel Out of District/Legislative</u>		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: 8 of 12		2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/23/15		5 Payee name PRESS Plus			
6 Amount (\$) 99.95		7 Payee address; City; State; Zip Code NY/NY			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Supply-News Subscription		(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 4/23/15		Payee name Custom Sign Banner			
Amount (\$) 717.18		Payee address; City; State; Zip Code 888-321-9928, TX			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense		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 4/23/15		Payee name Exxon Mobile			
Amount (\$) 16.18		Payee address; City; State; Zip Code 4790 Ft. Worth, TX			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel in District		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 4/24/15		Payee name Janey Kellog			
Amount (\$) 150.00		Payee address; City; State; Zip Code 836 Huenkel Ft. Worth, TX 76112			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense		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	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: 9 of 12		2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/24/15		5 Payee name Global Mail			
6 Amount (\$) 5,000 ⁰⁰		7 Payee address; City; State; Zip Code Beach Street, Ft. Worth, TX 76112			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Mailing		(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 4/24/15		Payee name Victory Campaign Committee/Meeting			
Amount (\$) 424 ⁸⁵		Payee address; City; State; Zip Code Woodhaven Country Club, 76112			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense / Food & Beverage		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 4/27/15		Payee name Bob's Chop House			
Amount (\$) 185 ⁰⁰		Payee address; City; State; Zip Code Omni Hotel, 76102			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Planning 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 4/27/15		Payee name Albertson's 4272			
Amount (\$) 59 ⁹⁴		Payee address; City; State; Zip Code East Freeway 76112			
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) <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	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: 100/2		2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/27/15		5 Payee name QT Haltom			
6 Amount (\$) 266.71		7 Payee address; City; State; Zip Code 8890800 Haltom City, 76117			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Travel in District		(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 4/27/15		Payee name Home Depot			
Amount (\$) 84.79		Payee address; City; State; Zip Code 453 Bridge St, Ft Worth, TX 76102			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Sign Expenses		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 4/28/15		Payee name Italy Pasta & Pizza			
Amount (\$) 85.88		Payee address; City; State; Zip Code 6751 Bridge Street 76112			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Campaign Volunteer Dinner		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 4/29/15		Payee name H3 Ranch			
Amount (\$) 144.27		Payee address; City; State; Zip Code 109 E Exchange, Ft. Worth, TX 76164			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense/Polling		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 FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>11 of 17</u>		2 FILER NAME <u>Danny Seath</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4/30/15</u>		5 Payee name <u>Italy Pasta Pizza</u>			
6 Amount (\$) <u>129.00</u>		7 Payee address; City; State; Zip Code <u>6751 Bridge Street, 76112</u> <u>Ft. Worth, TX 76112</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Campaign Open Meeting</u>		(b) Description <input type="checkbox"/> Check 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 <u>4/30/15</u>		Payee name <u>Global Mail</u>			
Amount (\$) <u>1,000</u>		Payee address; City; State; Zip Code <u>Beach Street</u> <u>76112 Ft. Worth, TX 76112</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Printing Mailing</u>		Description <input type="checkbox"/> Check 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 <u>4/30/15</u>		Payee name <u>Taverna &</u>			
Amount (\$)		Payee address; City; State; Zip Code <u>450 Throckmorton, 76102</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Food Beverage Expense</u>		Description <input type="checkbox"/> Check 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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