OFFICIAL RECORD

(TDD 1-800-735-2989)

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

CITY SECRETARY FORM C/OH FT. WORTICOVER SHEET PG 1

		<u>L</u>	
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR DEIRST	MI	OFFICE USE ONLY  Date Received
NAME	NICKNAME LAST	SUFFIX	Date Received
4 CANDIDATE /	ADDRESS / PO BOX;   APP'/\$UITE#; C CITY:	STATE; ZIP CODE	ON THE DEED
OFFICEHOLDER MAILING	ADDRESS POBOLITY OF STATE OF S	T PIAIE, ZIF GODE	RECEIVED TO THE RECEIVED TO TH
ADDRESS  change of address	Fort Worth,	T 7600	Receipt MATY OF FORT WORTH
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Dala Proposed 9 5 4 6 7
6 CAMPAIGN TREASURER NAME	MS/MRS MA FIRST	MI	Date Imaged
IVAIVIL	NICKNAME LAST	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #;	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
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 [imit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Morth Day Year THROUGH	Month Bay	Year
11 ELECTION	ELECTION DATE Month Day Year Primary	Runoff G	eneral Special
COUNCI	OFFICENELD (If any)  C 1 + V C 8 U N S I	13 OFFICE SPUGHT (If known)	17x1
	GO TO PAG	E2	

P.O. Box 12070

E/OFFIC		FORM C/OH		
& TOTAL	S	Cover Sheet PG 2		
)anir	12 Sear of 15 /	ACCOUNT # (Ethics Commission Filers)		
CANDIDATE / OFFICE	HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE	E'S OR OFFICEHOLDER'S KNOWLEDGE OR		
COMMITTEE TYPE	COMMITTEE NAME			
GENERAL SPECIFIC	COMMITTEE ADDRESS			
	COMMITTEE CAMPAIGN TREASURER NAME			
	COMMITTEE CAMPAIGN TREASURER ADDRESS			
	· · · · · · · · · · · · · · · · · · ·	\$ 50,00		
		\$30,525,		
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ \$25, \$\infty\$				
4. TOTAL	POLITICAL EXPENDITURES	\$14,278,		
		\$115,224		
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
		mation required to be reported by		
P / SEAL ABOVE	Dunical Sall	V		
of May	, 20 <u>15</u> , to certify which, witness my h	and and seal of office.		
istering oath		Title of officer parministering oath		
	THIS BOX IS FOR NOTICE CONSENT. CANDIDATE / OFFICE CONSENT. CANDIDATE SPECIFIC  1. TOTAL FOR PLEDGE  2. TOTAL PLEDGE  2. TOTAL PLEDGE  3. TOTAL PLAST DA  RONALD P. GONZALES MY COMMISSION EXPIRE May 17, 2016  P. SEAL ABOVE Cribed before in of May 17, 2016	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY CANDIDATE (ORFICEHOLDER). THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY  COMMITTEE TYPE  COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE NAME		

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

P.O. Box 12070

### SCHEDULE A

The I	nstruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	Banny L. Scarth		3 ACCOUNT # (E	Ethics Commission Filers)
41,1	Full name of contributor out-of-state PAC (ID#:_  General Ham  Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code	1-11 1	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date #	Full name of contributor out-of-state PAC (ID#:	=( /	Amount of contribution (\$)	In-kind contribution description (if applicable)
117	3045 Lackford Rd.	7616	• • • • • • • • • • • • • • • • • • • •	f Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See li	nstructions)	
Date 4////////////////////////////////////	Full name of contributor out-of-state PAC (ID#	Ft W 16109	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	ation / Job title (See Instructions)	Employer (See li	·	JI TOXAS, COMPUNIO CONCUENTO . ,
	Full name of contributor out-of-state PAC (ID#:_ Don Allen Contributor address; City; State; Zip Code 7302 Tidal Trace AMM	Jtm TY. 76016 Employer (See Ir		In-kind contribution description (if applicable)
Principal occupa	ation / Job title (See Instructions)	Ellibiose: (oee ii	IStructions)	
Date 4   15		Worth 76112		In-kind contribution description (if applicable)  l l l l l l l l l l l l l l l l l l
Principal occupa	tion / Job title (See Instructions)	Employer (See In	nstructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	Danie L. Scarth		3 ACCOUNT # (E	thics Commission Filers)
4 Date 4   15	5 Full name of contributor out-of-state PAC (ID#_ James & Ruth Lemms 6 Contributor address; City; State; Zip Code 5850 World Ct. Ft. World	th TX.	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Date 4	Full name of contributor   out-of-state PAC (ID#:_ Charles MC Bride Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
1'//5	6620 Yolanda Dr-F1.W	76112	(If travel outside o	of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date 4   (   15	Full name of contributor out-of-state PAC (ID#:_Allen Hodges Contributor address; City; State; Zip Code  300 W. 77h Street For	L. Worth 76108	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	is issue, complete ochedule 17
Date 4 1 1 1 5	Full name of contributor out-of-state PAC (ID#:_BefSy Price Campaign Contributor address; City; State; Zip Code		Amount of contribution (\$)  5000	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date +	Full name of contributor out-of-state PAC(ID#:_ Paul Andrews Contributor address; City; State; Zip Code TOO Jen Kins Rd. Ff. W	1 76008	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		

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(If travel outside of Texas, complete Schedule T)

Austin, Texas 78711-2070

#### (TDD 1-800-735-2989) POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 8 In-kind contribution 7 Amount of Date description (if applicable) contribution (\$) Denny Alexander Contributor address; City; State; Zip Code 4200 5. Hulin St. F-Warth (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) out-of-state PAC (ID#; In-kind contribution Full name of contributor Amount of description (if applicable) contribution (\$) David Godroe Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#: Amount of In-kind contribution Date John Roach Contributor address; City; State; Zip Code description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Date Full name of contributor ut-of-state PAC (ID#: description (if applicable) contribution (\$) #2500 FA. Worth TX. (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Full name of contributor Amount of Date ut-of-state PAC (ID#:\_\_ description (if applicable) contribution (\$)

Principal occupation / Job title (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Employer (See Instructions)

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

Texas Ethics Commission

# SCHEDULE A

The Instruction Guide explains how to complete th	1 Total pages Sch	edule A:	
2 FILER NAME Daniel L. Scaleth		3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#: 4		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
932 County Club Lm.	FfW26112	·	   pf Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date  Full name of contributor out-of-state PAC(ID#:  Line ager, Goggm Blay of Contributor address; City; State; Zip Code	Sumponly	Amount of contribution (\$)	In-kind contribution description (if applicable)
P.O. Box 17428 Austr		1500 <sup>00</sup>	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I		rexas, complete scriedule 1)
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 500 W. 7Th St. #27 10	07 Ft.W	5000°	
200 W. 1. J. 21	76102	(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I	nstructions)	
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code  67 West wood Ave. F		100000	
or vestyrad rive.	76107	(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I	nstructions)	
Date Full name of contributor out-of-state PAC (ID#:  Unda Batcs Contributor address; City, State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
6158 Indigo Ct. Ft. Wor		(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See II		, roads, complete deflecture 1)

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(TDD 1-800-735-2989)

Austin, Texas 78711-2070

_	CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS		SCHEDULE A
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	Daniell.Scarth		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:_ Robert Terrell		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
15	6 Contributor address; City; State; Zip Code 7629 Nutwood PL Ft.W.	och IX.	100000	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_ Thomas Krampitz	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7111	Contributor address; City; State; Zip Code	Ft. Worth	25000	 
Principal occup	pation / Job title (See Instructions)	T5208 Employer (See I		of Texas, complete Schedule T)
Date H	Full name of contributor out-of-state PAC (ID#_ Pete & Becky Green Contributor address; City State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
115	1200 Wushington Ter. FT.V	V 76107	200 (If travel outside of	   pf Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		Total, complete esticate (
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/15	Contributor address; City; State; Zip Code	ch_	100000	
	40 17 Ochow 14: 17 1101	76112	(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/15	5151 Clifforsp LA. Ft. V	Joth The	2500	(7
Principal occup	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	ATTACH ADDITIONAL CODIES O	ETUIC COUED!!! E	AS NEEDED	

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

Texas Ethics Commission

#### SCHEDULE A

The Instruction Guide explains how to complete this for	n. 1 Total pages Schedule A:
2 FILER NAME Danjiel L. Scarth	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC(ID#:	) 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
6 Contributor address; City; State; Zip Code	25000
10 9320 Wood Duck Dr. A.V	70179 (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 In-kind contribution contribution (\$) description (if applicable)
Contributor address, City; State; 2fp Code  P.O. Box 17428 Austm 7	78760 15000
	Employer (See Instructions) (If travel outside of Texas, complete Schedule T)
Pate Full name of contributor   out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; 1 Zip Code  4117 Walnut Creek Ct.	H-WOITH 10000
Principal occupation / Job title (See Instructions)	IV (2) (If travel outside of Texas, complete Schedule T)  Employer (See Instructions)
Principal occupation / Job title (See Instructions)	Employer (dee instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	25000
10 306 W. 7th St. # 901 Ft.Wa	(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#:  Dell Helicopter Text  Contributor address; City; State; Zip Code	Amount of contribution (\$) In-kind contribution description (if applicable)
15 R.O. Box 482 F4. Worth	1900   Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Austin, Texas 78711-2070

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#### (TDD 1-800-735-2989) Austin, Texas 78711-2070 (512) 463-5800 Texas Ethics Commission P.O. Box 12070 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission Filers) 2 FILER NAME In-kind contribution 7 Amount of 4 Date ut-of-state PAC (ID#: contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) In-kind contribution Amount of contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution ut-of-state PAC (ID#: Amount of Date contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

out-of-state PAC (ID#:\_

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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#### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages/Schedule A: The Instruction Guide explains how to complete this form. ACCOUNT# (Ethics Commission Filers) FILER NAME 8 In-kind contribution 7 Amount of description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) In-kind contribution Amount of description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) ut-of-state PAC (ID#: Amount of In-kind contribution Lee Hughes Contributor address; City; State; Zip Code contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Cythia Boling Contributor address; City; State; Zip Code 4717 NORMA St. Ft. Worth, 7, contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of ut-of-state PAC (ID#: description (if applicable) contribution (\$)

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

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

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

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	Daniel L. Scart	4	3 ACCOUNT # (E	thics Commission Filers)
<b>4</b> Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
(1)	6 Contributor address; City; State; Zip Code	1	10000	 
( )	6101 Lantana In Pt.	76112	(If travel outside	 of Texas, complete Schedule T)
9 Principal occup	eation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date W I	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
[ [ [ ]	Contributor address; City; State; Zip Code		, ,	
16	P.O. Box 7485 FLW	irch TV:	100	
	TO TOX III	76129	(If travel outside	i of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date /	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/,/	Contributor address; City; State; Zip Code			<u> </u>
	Contributor address; City; State; Zip Code		10000	
1>	129 Putter Dr. FLW.	176112	(If travel outside	 of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			[
				1
			(If travel outside	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(1)	<u> </u>
	Contributor address; City; State; Zip Code			
			(If travel outside a	 of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		or reves, complete correduce 1)
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

## SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	1 Total pages Schedule A:	
2_FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)	
Dani	- · Sa · 0 1 1				
4 Date	5 Full name of contributor   out-of-state PAC (ID#:_		7 Amount of	8 In-kind contribution	
, ,	David Breytling  6 Contributor address; City; State; Zip Code  7332 Ellis Rd. TX, 76112	·	contribution (\$)	description (if applicable)	
4/1/15	Davier Dreiling		11100	1	
רון יוןי	6 Contributor address; City; State; Zip Code		100		
	1332 FIID Ka, IX, TUIL	_		1	
			(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		· · · · · · · · · · · · · · · · · · ·	
	·			.,,	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution	
21/1/16	Thomas Unterphopous	eR	contribution (\$)	description (if applicable)	
4/1/13	Thomas Unterberge Contributor address; City; State; Zip Code	9	5000		
•	100 1/ich ) sads to Fol	1) nelle TX		· 	
	2000 Highwoods TR. FORTI	WOLF 1917			
		76112	(If travel outside o	! of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
/	Contributor address; City; State; Zip Code		20	•	
4/15	<b>)</b>		500		
1	5909 End OTRail Ft. W	DOGNITX 1			
!		76112		(7	
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
i incipal occup	Jane (Occ mendenors)	Employor (odo 1	notractions;		
Date	Full name of contributor  out-of-state PAC (ID#:	)	Amount of	In-kind contribution	
·			contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code				
	Contributor address, Oity, State, 21p Code				
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			(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	)	Amount of	In-kind contribution description (if applicable)	
			contribution (\$)	description (ii applicable)	
	Contributor address; City; State; Zip Code				
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				of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
	I				

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# **POLITICAL EXPENDITURES**

<del></del>	EXPENDITURE	CATECODIES	EOD BOY 9/2	1	
Advertising France					
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment/Reimbursement	F
Accounting/Banking	Legal Services	Solicitation/Fundra	using Expense	Transportation Equipment & Related	⊨xpense
Consulting Expense	Food/Beverage Expense	Travel In District	1 mi m 1	Contributions/Donations Made By Candidate/Officeholder/Political C	ommittee
Event Expense	Polling Expense	Travel Out Of Dis			
Fees	Printing Expense	Office Overhead/F	•	OTHER (enter a category not listed	above)
	The Instruction Guide	e explains how to	complete this fo	orm.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commis	sion Filers)
. 1.0	1 60	2011		(======================================	,
19470	I mile Lice	arth			
4 Date / /	5 Payee name				
<b>4</b> 0/15	Dogmins Granh	201			
4/0/12	TREMIER GRAP	<u> </u>			
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code			
<b>ν</b> 1) λ	11 10.				
$\supset 00$	1-17)11,541)N - 1 X				
	1 WOODING 1		a) 0		
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule	:1)
OF	۸ ر بر				
EXPENDITURE	1 519n<1 121/26001	~ NoM <n< td=""><td>Check if A</td><td>Austin, TX, officeholder living expense</td><td></td></n<>	Check if A	Austin, TX, officeholder living expense	
	1 O TO TOUT WEST	سالا المال	<del></del>		
9 Complete ONLY if direct	Candidate / Officeholder/name	•	Office sough	ht Office held	ı
expenditure to benefit C/C	)H				
Date, /	Payee name	\ . 1/ -	+1/2 -		
<b>9</b> /////5	KREWICK It	1, BPH	1X 7610	12	
Amount (5)	Payee address; City; St	ate; Zip Code	7 10 10		
Amount (\$)	Payee address, City, St	ate, Zip Code			
11/14	Man to De		1 1/		
144	(annamah Plan	niun/Wee	ting/ For	xl & MIDPGGO	
	Court part		0/	Wy perent of	7.
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas complete Schedule	1)
OF EXPENDITURE	rox181	Beyerage,			
EXPENDITURE	Statt Lurich	JF Jout	Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	1000	Office sough	nt Office held	
expenditure to benefit C/O					
		<del> </del>			
Date /	Payee name .	1			
4/13/16	I. C. Japa Ki	$\sigma V$			
1/15/15	taward //				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
. /3	(1)	-11			
1000	rt 1, meth	1 / X			
100-	FI. WORLD				
	Category (3 categories listed at the tal	of this achedule)	Description	(If travel outside of Texas, complete Schedule	·T)
PURPOSE			•	·	
OF EVDENDITUDE	<b>SUCOTEV</b>	Jense !	Chanle # 4	Austin, TX, officeholder living expense	
EXPENDITURE			Cneck if A	Austin, 1X, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	/	Office sough	nt Office held	
expenditure to benefit C/O	H	•			
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PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule	T)
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EXPENDITURE	-IRAIJE!		Check if A	Austin, TX, officeholder living expense	
	Candidate / Officeholder name		Office sough		
Complete ONLY if direct			Onice sough	. Onice field	
expenditure to benefit C/C	<b>Л</b> П				
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#### Austin, Texas 78711-2070

#### SCHEDULE F **POLITICAL EXPENDITURES**

	EXPENDITUR	RE CATEGORIES FOR	BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract	Labor Loan Repayme	nt/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising E		Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of District		onations Made By Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental I		a category not listed above)
	- ·	de explains how to compl	ete this form.	
1 Total pages Schedule F:	2 FILER NAME	1.	3 ACCO	JNT # (Ethics Commission Filers)
2 N 12	Daniel L. Sc	arth		
4 Date	5 Payee name	.001-114	· · · · · · · · · · · · · · · · · · ·	
W/Salah Salah	1 B TS			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
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895	Ft. DOPHW/	turst		
8 PURPOSE	(a) Category (See categories listed at the	top of this schedule) (b) [	Description (If travel outside of	Texas, complete Schedule T)
OF	1/1/10/11		1.	
EXPENDITURE	1 road Bluerage/	Minimian Staft M	Check if Austin, TX, officeho	older living expense
9 Complete ONLY if direct	Candidate / Officeholder/nan	ne O	tice sought	Office held
expenditure to benefit C/0	OH .			
Date/	Payee name /			
4/12/15	ENV My Mobile			
// / / / / / / / Amount (\$)	Payee address; City;	State; Zip Code		
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39, 11,	Ft. Wasthi	TX		
PURPOSE	Category (See categories listed at the	top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
OF				
EXPENDITURE	1 PRAVI In 1	DISTRICT MARKING	Check if Austin, TX, officeho	lder living expense
Complete ONLY if direct	Candidate / Officeholder nam	ie / (b	ffice sought	Office held
expenditure to benefit C/C	JH			
Date / /	Payee name	1		
4/13/15	Home Deas	F 1653		
Amount (\$)	Payee address; City; S	State; Zip Code		<del></del>
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13549	Ft I happy 7	1 76112		
700	Category (See categories listed at the	<del></del>	Description (If travel outside of	Texas, complete Schedule T)
PURPOSE OF	Octobol y (See categories listed at the	/ /	suprasur (in that of consider of	,,
EXPENDITURE	Polling EXKA	enselsiank [	Check if Austin, TX, officeho	lder living expense
Complete ONLY if direct	Candidate / Officeholder ham	ne / ( o	ffice sought	Office held
expenditure to benefit C/C	DH	•		
Date / / ,	Pay <b>e</b> name //			
11/13/15	1 Dinn I.L. F			
7//J//	Payee address; City; S	State; Zip Code		
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2025	P/ / ) mint! -	11/7/11/11		
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PURPOSE	Category (See categories listed at the	top or this schedule) L	Description (If travel outside of	rexas, complete achequie +)
OF EXPENDITURE	Ford FOR SIENCE	PARS F	Check if Austin, TX, officeho	lder living expense
	Candidate / Officeholder nam	e O	ffice sought	Office held
Complete ONLY if direct expenditure to benefit C/	·	 	g	- · · · · · · · · · · · · · · · · · · ·
	ATTACH ADDITIONAL	COPIES OF THIS SCHE	DULE AS NEEDED	

# **POLITICAL EXPENDITURES**

	EXPENDITURE CA	TEGORIES FOR BOX 8(a	)
Advertising Expense		laries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	· · · · · · · · · · · · · · · · · · ·	dicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Tr	avel In District	Contributions/Donations Made By
Event Expense	Polling Expense Tr	avel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense Of	fice Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide ex	plains how to complete this fo	rm.
1 Total pages Schedule F:	2-FILER NAME	. 10	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name		
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6 Amount (\$)	7 Payee address; City; State;	Zip Code	
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8 PURPOSE	(a) Category (See categories listed at the top of the	is schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Generator for Kick	'AST	
	1 Generator ton Man	Check if /	Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Office held
expenditure to benefit C/C		+g.	
	I		
Date, /	Payee name	1 1	
4//0/15	I phahran Council	1 /	
Amount (\$)	Payee addless; City; State;	Zin Code	
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PURPOSE	Category (See categories listed at the top of th	is schedule) Description	(If travel outside of Texas, complete Schedule T)
OF	13.15.4		100
EXPENDITURE	Worth we some for	2 Pape Clan Break	Austry Taleftice holder twing expense
	Candidate / Officeholder name	Office sough	
Complete ONLY if direct expenditure to benefit C/C		Office sough	. Office field
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Date / /	Payee name /		1
11/2/12	the Hold Dans	2 PZ Et 1. Japel	( 7V
<u> 7//3//7</u>	THE HOIRE DEPOL	653 F1. WORT	4/1
Amount (\$)	Payee address; City; State;	Zip Code	1
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PURPOSE	Category (See categories listed at the top of th	s schedule) Description	(If travel outside of Texas, complete Schedule T)
OF	011	_ ,	
EXPENDITURE	Pollina	Check if /	Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sough	t Office held
expenditure to benefit C/C	oH	· ·	
Date /	Payeename,	1.	
21/13/19	1. Intall Lostan	12 P	
19/10/10	water restau	iau	
Amofunt (\$7)	Payee address; City; State;	Zip Code	
46.43	7th -1 ) 11.	<b>✓</b>	
76.10	TIAD HILLIOPHU.	フレ	i
	Catagory (See entensive listed at the target the	is schedule) Description	(If travel outside of Texas, complete Schedule T)
PURPOSE	Category (See categories listed at the top of the	- Description	(in marks outside of reside, complete outleading 1)
OF	Var 1 Pan Dana	11000 -	
EXPENDITURE	POOD TOK CAMPAIGN.	Matt Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sough	t Office held
expenditure to benefit C/C	OH ·		
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS	NEEDED
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# **POLITICAL EXPENDITURES**

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	EXPENDITURI	E CATEGORIES F	OR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Con		Loan Repayment/Reimbursemer	nt
Accounting/Banking	Legal Services	Solicitation/Fundrais		Transportation Equipment & Rela	ated Expense
Consulting Expense	Food/Beverage Expense	Travel In District	(	Contributions/Donations Made B	Sy
Event Expense	Polling Expense	Travel Out Of Distri	ct	Candidate/Officeholder/Politic	cal Committee
Fees	Printing Expense	Office Overhead/Re	ntal Expense	OTHER (enter a category not lis	ted above)
	The Instruction Guid	e explains how to c	omplete this for	n.	
1 Total pages Schedule F:	2 FILER NAME		-	3 ACCOUNT # (Ethics Cor	nmission Filers)
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4 Date	5 Payee name	· ·	11		
4/14/14	EVVNIN YMANILO	, F+ 1. ) PM	# L		
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7 Payee address; City; S	tate; Zip Code	1 / \		
6 Amount (\$)	/ Payee address, City, 3	iale, Zip Code			
1172	1 ) 21/2/	$T_{lc}$			
11,00	PT. WORK,	/			
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description (i	f travel outside of Texas, complete Sch	edule T)
OF	110				
EXPENDITURE	Fuel for sign Vol	untopps	Check if Au	stin, TX, officeholder living expense	<b>;</b>
	Candidate / Officeholder name		Office sought	Office	
9 Complete ONLY if direct		,	Onice sought	Office	Heiu
expenditure to benefit C/C	JH 				
Date ; ;	Payee name	1 1 1 1			
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Ambunt (\$)	Payee address; / City; S	tate; Zip Code	(		
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PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (i	f travel outside of Texas, complete Sch	edule 1)
OF EXPENDITURE	ril Call	L CODA	r		
	HOW TOR KICK	(0++ targ	Check if Au	stin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	1	Office sought	Office	held
expenditure to benefit C/O	PH .	V			
Date /	Payee name	11 10 1			
4/15/15	Edunadd Lint	400 toped			
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	Category (See categories listed at the to	p of this schedule)	Description (I	f travel outside of Texas, complete Scho	edule T)
PURPOSE OF	1 1 - 0 1 1/- /	00011			
EXPENDITURE	Labor for Kick	Off Pasta	Check if Au	stin, TX, officeholder living expense	
			Office sought	Office	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	, 0	Office sought	Onics	ICIG
expenditure to benefit C/O					
Date / /	Payee name /				
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Amount (\$)	Payee address; City; St	ate; Zip Code			
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PURPOSE	Category (See categories listed at the to	p or this schedule)	Description (I	f travel outside of Texas, complete Sch	soute I)
OF	Fund & BOIX Rage	16K. m			
EXPENDITURE	round there	JKn Stalf	Check if Au	stin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	4	Office sought	Office I	neld
expenditure to benefit C/OH					
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# **POLITICAL EXPENDITURES**

	EXPENDITURE			
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Cont		an Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraisi	• •	ansportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		ontributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District		
Fees	Printing Expense	Office Overhead/Ren	·	THER (enter a category not listed above)
	The Instruction Guide	explains now to co	mpiete tilis torni.	_ <sub>r</sub>
1 Total pages Schedule F:	2 EILER NAME			3 ACCOUNT # (Ethics Commission Filers)
5 A 12	1 Daniel Lus	cartu		
4 Date	5 Payee name			
4/15/15		,		
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code	~ 11	
35.37	Home Depot :	#653 Ft.	Woolh:	76112
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (	(b) Description (If t	ravel outside of Texas, complete Schedule T)
EXPENDITURE	Polling/sign &	: MPense	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholde name		Office sought	Office held
Date/	Payee name	N	f	
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Amount (\$)	Payee address; City; Sta	te; Zip Code	·	
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PURPOSE	Category (See categories listed at the top	of this schedule)	Description (if to	ravel outside of Texas, complete Schedule T)
OF .	~		• •	•
EXPENDITURE	Campaign Plane	ric Mtg		in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Odficeholder name	0 0	Office sought	Office held
Date / /	Payee name . / /.	.,,	11 - 1	
4/11/16	Shaw's Patio	Et 1, )AR	Elle TK	
Amount (\$)	Payee address; City; Stat	te; Zip Code		
7.27				
3191	Magnolia Que	nue		
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (If to	ravel outside of Texas, complete Schedule T)
OF	CAMPSON Mantis	c/		. TV - Min-halden Nain-aug-page
EXPENDITURE	(ampay) mean	<i>Y</i>	Check if Aust	In, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name \text{\text{H}}	,	Office sought	Office held
	5			
Date 1/17/15	Payee name			
Amount (\$)	Payee address; City; Stat	te; Zip Code		
· ·····•	( 1)			
	Ft. WORTH, TX	76102		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Volunteer Meet	us	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

12070 Austin, Texas 78711-2070

#### **POLITICAL EXPENDITURES**

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	EXPENDITURE CA	TEGORIES FOR BOX 8(	a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Sal Legal Services Sol Food/Beverage Expense Tra Polling Expense Tra Printing Expense Off	laries/Wages/Contract Labor licitation/Fundraising Expense livel In District livel Out Of District lice Overhead/Rental Expense liains how to complete this to	Loan Repayment/Reimburg Transportation Equipment Contributions/Donations M Candidate/Officeholders OTHER (enter a category	& Related Expense iade By /Political Committee
1 Total pages Schedule F:	2-EILER NAME		3 ACCOUNT # (Ethic	cs Commission Filers)
/	Daniel L. Scart	1.		,,
4 Date 7 4/20/15	5 Payee name 51 Ver Leaf	<u> </u>		
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
Le 8. 44	F7 Worth, TX	76/02		
8 PURPOSE OF	(a) Category (See categories listed at the top of thi	s schedule) (b) Descriptio	on (If travel outside of Texas, comple	ete Schedule T)
EXPENDITURE	Campaign Plaining	aMtg. □ Checki	if Austin, TX, officeholder living ex	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candieate / Officeholder name	√ () Office sou	ght C	Office held
Date 4/2/1/5	Payee name	Cities		
Amount (\$)	Payee address; City; State;	Zip Code		
	Ft. Worth, TX	76120		
PURPOSE	Category (See categories listed at the top of thi	s schedule) Descriptio	On (If travel outside of Texas, comple	te Schedule T)
OF EXPENDITURE	Gift/Awards/Men	nchial _ Checki	if Austin, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug	ght O	office held
Date, 4/20/15	Payee name 10 VeRNA 450 7	Thockmorfor		
Amount (\$)	Payee address; City; State;	Zip Code		
le 6.21	Ft. Worth 76102			
PURPOSE	Category (See categories listed at the top of this	schedule) Description	n (If travel outside of Texas, comple	te Schedule T)
OF EXPENDITURE	Consultant Evnen	GL Checki	if Austin, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office soug	ght O	ffice held
Date 4/21/15	Payee name Edwydd y Ruthek	Ford		
Amount (\$)	Payee address; City; State;	Zip Code		
150	Ft. Worth, T	74112		
PURPOSE	Category (See categories listed at the top of this	s schedule) Descriptio	on (If travel outside of Texas, comple	te Schedule T)
OF EXPENDITURE	Sian/IRhap Im	Mart Checki	if Austin, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug		ffice held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS	S NEEDED	

# **POLITICAL EXPENDITURES**

# SCHEDULE F

(512) 463-5800

	EXPENDITURE			·
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co Solicitation/Fundra		Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Travel In District	ising Expense	Transportation Equipment & Related Expense Contributions/Donations Made By
Event Expense			Candidate/Officeholder/Political Committee	
Fees	Printing Expense	Office Overhead/F	lental Expense	OTHER (enter a category not listed above)
	The Instruction Guide	e explains how to	complete this for	rm.
1 Total pages Schedule F:	2 FILER NAME	$\mathcal{N}$		3 ACCOUNT # (Ethics Commission Filers)
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4 Date/	5 Payee name			
4/21/15	The Enstein (-)	ROUD		
6 Amount (\$)	7 Payee address, City; St	ate;   Zip Code		
Mille	WASS Internation	nal		
404-	5+600 FW, TY, 7	6109		
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	10001 11-			
	CORSULTING		Check if A	ustin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officehølder name		Office sough	t Office held
expenditure to benefit C/C	)H 			
Date / /	Payee name			
4/21/15	Exan Mobiles			. <u> </u>
Amount (\$)	Payee address; City; St	ate; Zip Code		
in inth	4790 Ft. Worth,	TX 74102		
<b>/6</b> . 01	MIT TO PI. WORK	The Theod	•	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF	1. 1. Tichie	1/		
EXPENDITURE	TRAVEL IN DISTRICE	7/Meeting	Check if A	ustin, TX, officeholder living expense.
Complete ONLY if direct	Candidate / Officeholder name	7	Office sough	t Office held
expenditure to benefit C/OH				
Date/ /	Payee name	•		
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	Catagory (See estagories listed at the tax	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
PURPOSE	Category (See categories listed at the top	of this schedule)	Dood.ip.io.	,
OF EXPENDITURE	TRAVEL out of DistRI	C/Legistale	É ∏ Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	<u> </u>	Office sough	t Office held
expenditure to benefit C/C	Н			
Data / /	Payee name ,			
Date /	1 5 ha 1/ 10!/			
Amount (\$)	Payro address: City: Str	ate; Zip Code		
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7/2 00	1 hat TV			
$\cup w$	west, 1	n of their name duta	Description	/If travel outside of Tayas complete Schedule T\
PURPOSE	Category (See categories listed at the top	ou mis schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Topla / A. Lodie	tolo 11 pal	Check if A	ustin, TX, officeholder living expense
	Candidate / Officeholder name	irecy my	Office sought	
Complete ONLY if direct expenditure to benefit C/C		•		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
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Texas Ethics Commission

POLITICAL	EXPENDITURES		SCHEDULE F
	EXPENDITURE	CATEGORIES FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense		oan Repayment/Reimbursement
Accounting/Banking	Legal Services		Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense		Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District Office Overhead/Rental Expense	
Fees	Printing Expense The Instruction Guide	explains how to complete this form	OTHER (enter a category not listed above)  n.
1 Total pages Schedule F:	2-FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
8 / 12	Daniel L. Scale	>th	,
4 Date / 1	5 Payee name	11	
4/23/19	DRRSS Plans		
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code	
0001	1		
94.95	NY/NY		
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b) Description (l	f travel outside of Texas, complete Schedule T)
EXPENDITURE	Office Supply-New	SLEBSCIPTION Checkif Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date / /	Payee name . O		
4/23/15	Custom Sian Dana	eR	
Amount (\$)	Payee address; City; Sta	te; Zip Code	
717.18	888-321-9908, TX		
PURPOSE	Category (See categories listed at the top of	of this schedule) Description (I	f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Of radion Suns		
	Howertising Expense		stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / OfficeNolder hame	Office sought	Office held
Date /	Payee name		
4/23//5	Exxon Mobile		
Amount (\$)	Payee address; City; Stat	te; Zip Code	
16.18	4790 Ft. WORTH	1 TX	
PURPOSE	Category (See categories listed at the top of	of this schedule) Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	TRAVIL IN DISTRIC	, Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date /	Payee name		
4/24/18	Jana Kollon		
Amount (\$)	Payee address; City; (Stat	e; Zip Code	
163 00	,		
130	836 Huernison P	7. Worth, TX Flell	2
PURPOSE	Category (See categories listed at the top	of this schedule) Description (If	f travel outside of Texas, complete Schedule T)
OF	Event Excepen	10	
EXPENDITURE			stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held

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Austin, Texas 78711-2070

# **POLITICAL EXPENDITURES**

# SCHEDULE $\mathbf{F}$

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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete the	Loan Repayment/Reimburse Transportation Equipment & Contributions/Donations Ma Candidate/Officeholder/F OTHER (enter a category n	Related Expense de By Political Committee
1 Total pages Schedule F:	2 FILER NAME L. SCA	eth	3 ACCOUNT # (Ethics	Commission Filers)
4 Date /	5 Payee name  (A) Ohal Mail			
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code		
5,00000	Beach Street,	Ft. Wooth, TX 3	4112	
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b) Descrip	otion (If travel outside of Texas, complete	e Schedule T)
EXPENDITURE	PRINTING YMA	llug □ che	ck if Austin, TX, officeholder living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office s	ought Of	fice held
Date / 24/15	Payee name Victory Campai	on Committed	neeting	
Amount (\$)	Payee address; City; St	ale, Zip Code		
424 85	Washauer	Country Club, 7	6112	
PURPOSE OF	Category (See categories listed at the top	o of this schedule) Descrip	otion (If travel outside of Texas, complete	Schedule T)
EXPENDITURE	Event Exispense	/FoodAherry _ che	ck if Austin, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/O	Candidate / OfficeHolder name	Office s	ought Off	ice held
Date / 24/15 Amount (\$)	Payee name  Payee address; City; Sta	SU ate: Zip Code		
185 <u>0</u>	Omni Hotel, 74	,102		
PURPOSE	Category (See categories listed at the top	of this schedule) Descrip	ntion (If travel outside of Texas, complete	Schedule T)
OF EXPENDITURE	Campaign Dla	monus Media che	ck if Austin, TX, officeholder living expo	ense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Affice s	ought Off	ice held
Date 4/17/15	Payee name  HNERTSON'S	4272		
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
59 79	East Freeway	76112		
PURPOSE	Category (See categories listed at the top	o of this schedule) Descrip	otion (If travel outside of Texas, complete	Schedule T)
OF EXPENDITURE	Food/Beverage	SISSUL Che	ck if Austin, TX, officeholder living expe	ense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office s	ought Off	ice held
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE	AS NEEDED	

# **POLITICAL EXPENDITURES**

# SCHEDULE $\mathbf{F}$

(TDD 1-800-735-2989)

	EXPENDITURE	CATEGORIES	FOR BOX 8(a	1)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	ontract Labor	Loan Repayment/Re	imbursement
Accounting/Banking	Legal Services	Solicitation/Fundra	ising Expense		ment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	-÷-1	Contributions/Donati	ons Made By nolder/Political Committee
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of Dist Office Overhead/R			
Fee5	• •		•	·	egory not listed above)
	The Instruction Guide	explains now to	complete this it		
1 Total pages Schedule F:	1 Daniel L. Sc	arth		3 ACCOUNT #	(Ethics Commission Filers)
4 Date // 14/14	5 Paxee name				
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code			
2e6.71	88908001+al-	tom City,	, 761/7	Z	
8 PURPOSE OF	(a) Category (See categories listed at the to	of this schedule)	(b) Description	(If travel outside of Texas,	complete Schedule T)
EXPENDITURE	Travelin Distre	rict	Check if	Austin, TX, officeholder li	ving expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office soug	ht	Office held
Date/ /	Payee name /				
4/27/15	Home Depot				
Amount (\$)		ate; Zip Code	11 1		
8421	453 Bridges	t, Ft war	exti,7X	76107	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)
OF	Sign Eurons	ec			
EXPENDITURE	Jigh Cyperc		Check if	Austin, TX, officeholder liv	ring expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sougl	ht	Office held
Date, / /	Payee name // /	6 A			
4/28/15	Italy Pastal	Pizza	<del></del>		,
Amount (\$)	Payee address; City; Sta Le 751 BRIDAL STA	ate; Zip Code Let 76112	2.		
00.					
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)
OF	0 205 11/0/41	uteer Dimm	oP		
EXPENDITURE	Campaign voidi	CHECK WIN	Check if	Austin, TX, officeholder liv	ving expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	nt	Office held
Date/	Payee name /		<del></del>		
4/29/15	143 Kamch				
Amount (\$)	Payee address; City; Sta				
14426	109 E Exchange	, Ft. WORTH	TX Floke	4	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Consulting Exsp	pense/Palli	Check if A	Austin, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	/	Office sough		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Manes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica		expense Printing Expense Salaries/Wages/Co	Travel Out Contract Labor Other (ente	Of District er a category not listed above)
	•	ide explains how to complet	·	
1 Total pages Schedule F1:	Danny Scart	h	3 Filer II	O (Ethics Commission Filers)
4 Date 4 30/15	5 Payee name Tasta T	Pizza		
6 Amount (\$)	7 Payee address; City; Ce751 BRIDGES FT WORTH, T	State; Zip Code SHRUT, 761/3 X 7/01/2		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the		Description  Check if travel outside of Tex  Check if Austin, TX, officehold	•
<b>9</b> Complete <u>ONLY</u> if direct	Candidate / Officeholder nam	Meeting o	Office sought	Office held
expenditure to benefit C/OF	л			
Date 4/30/15	Payee name Global Mail			
Amount (\$) 1,000	Payee address; City; s beach Street 76/12	State; Zip Code  Ft. WORTH	,TX 76112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the PRINTING Ma	. [	Description  Check if travel outside of Texe  Check if Austin, TX, officehold	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	e Ol	ffice sought	Office held
Date / 4/30/15	Payee name TAVRNA &			
Amount (\$)	Payee address; City; S	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the Food Beverlage)	·	Description  Check if travel outside of Texa  Check if Austin, TX, officehold	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder nam	ne O	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				