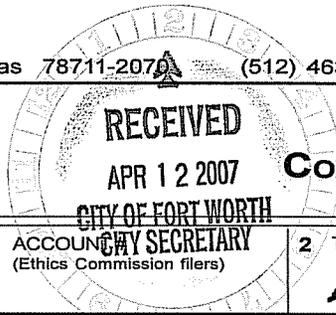


**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**



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

The C/OH Instruction Guide explains how to complete this form. **1** ACCOUNTING (Ethics Commission filers) **2** Total pages filed: **25**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **0** FIRST **Daniel** MI
NICKNAME **Danny** LAST **Scarth** SUFFIX

OFFICE USE ONLY

Date Received

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

Date Hand-delivered / Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
**505 Highwood STR.
Fort Worth, TX 76112**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
817) 446-7311

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **0** FIRST **John** MI **D.**
NICKNAME **Burge** LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
829 Newwheel Fort Worth, TX 76112

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
817) 457-3338

9 REPORT TYPE

January 15 30th day before election Final report (Attach C/OH - FR) Exceeded \$500 limit
 July 15 8th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED

Month Day Year Month Day Year
1 / 16 / 07 THROUGH 4 / 2 / 07

11 ELECTION

ELECTION DATE: Month Day Year **5 / 12 / 07**
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any) **City Council Dist. 4** **13 OFFICE SOUGHT (if known)** **City Council Dist. 4**

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

additional pages

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

GO TO PAGE 2

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

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

15 C/OH NAME Daniel L. Scarth 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

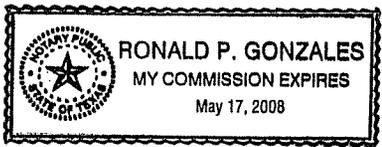
additional pages

.. This box is for notice of political expenditures 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

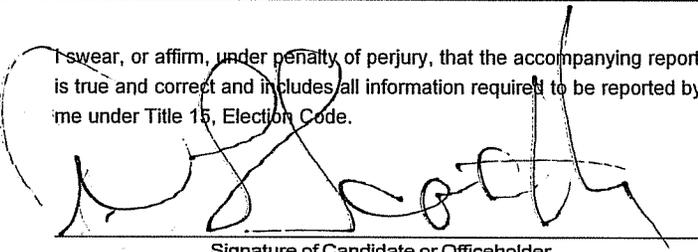
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>14,750.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,568.71</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>22,532.07</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>—</u>

19 AFFIDAVIT



RONALD P. GONZALES
MY COMMISSION EXPIRES
May 17, 2008

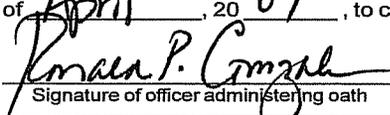
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel L. Scarth, this the 12th day of April, 20 07, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Ronald P. Gonzales

Printed name of officer administering oath

Notary

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 18/11	
2 FILER NAME Danny Scarth		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/23/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbert F. Mulligan OR Amelia Mulligan	7 Amount of contribution (\$) 300⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 509 HighWoods TR. Ft. Worth, TX 76112		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/23/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger, Goggen, Blair & Sampson, LLP	Amount of contribution (\$) 1,000⁰⁰	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 2/21/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb F. & Rosemary Joiner	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6101 Cholla Dr. Ft. Worth, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/21/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert R. Truitt	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5713 Oakmont Lane Ft. Worth, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/21/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Johansen	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6112 Cholla Dr. Ft. Worth, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 of 11	
2 FILER NAME Danny Scarth		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/21/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pavlik & Associates 6 Contributor address; City; State; Zip Code 115 W. 2nd Street, Suite 210 Ft. Worth, TX 76102	7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/21/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie & Bette Robinson Jr. Contributor address; City; State; Zip Code 6104 Cholla Drive Ft. Worth, TX 76112	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/21/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart J. Hepburn Contributor address; City; State; Zip Code 704 Havenwood Lane S Fort Worth, TX 76112	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/21/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James N. Patterson, Jr. Contributor address; City; State; Zip Code 809 Scarlett Sage Ct. Ft. Worth,	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/21/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe R. Thompson Contributor address; City; State; Zip Code 4809 Brockton Ct Ft. Worth, TX 76132	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: 3 of 11	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/21/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William & Patricia Meadows 6 Contributor address; City; State; Zip Code 3904 Hamilton Ave Ft. Worth, TX 76107	7 Amount of contribution (\$) 200⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/21/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John V. Roach Contributor address; City; State; Zip Code 2805 Alton Rd Ft. Worth, TX 76109	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/21/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward L. Stout Jr. Contributor address; City; State; Zip Code 5609 Oakmont Lane Ft Worth, TX	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/21/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Lemons Contributor address; City; State; Zip Code P.O. Box 8719 Ft. Worth, TX 76124	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/21/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily Davis Contributor address; City; State; Zip Code 733 Oakwood Tr Ft. Worth, TX 76112	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>4 of 11</i>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/21/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mrs. Joe Epps</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>828 Firewheel Trl Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/21/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Colleen P. Tiernan</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6021 Chola Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/26/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Texas Commercial Financing & Leasing</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Bill Sisul 300 Havenwood Lane North Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/26/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Trinity Bluff Development, LTD.</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2801 Bledsoe St Ft. Worth, TX 76107</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/26/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim Bradshaw</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 100338 Ft. Worth, TX 76185</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: <i>5 of 11</i>	
2 FILER NAME <i>Danny Scarth</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/26/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Salvador Espino</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1434 N. Main Street, Ste 220 Ft. Worth, TX 76106</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/26/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Freese & Nichols PAC</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Principal occupation / Job title (See Instructions)</i>		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <i>2/26/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr. Max & Dr. Susan Mitchell Foundation</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2200 Smith Barney Rd., Ste 150 Arlington, TX 76013</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/26/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roxanne L. Pillar</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5620 Charlott St. Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/26/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mr. & Mrs. Gary Woody</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>409 High Woods Trail Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: <i>6 of 11</i>	
2 FILER NAME <i>Danny Scarth</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/26/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rick & Lorretta Disney</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>805 Larkspur Ln Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/26/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FW Retired Firefighters & Widows</i>	Amount of contribution (\$) <i>1,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Committee for Responsible Government 1617 Tierney Rd. Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/26/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marsha Sonnenberg</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6150 Silverleaf Ct. Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/26/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mrs. MRS. Ken Kerwin</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>832 Haverwood Lane S. Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/26/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FW Firefighters Committee for Responsible</i>	Amount of contribution (\$) <i>2,500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Government 417 North Rette Ft. Worth, TX 76111</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7 of 11	
2 FILER NAME Danny Scarth		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/26/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L. E. & Cynthia B. Anderson	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4517 Morris Ct Ft. Worth, TX 76103		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/26/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr & Mrs Ken Stephens	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6117 Cholla Dr. Ft. Worth, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/26/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Ricks	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 720 Oakwood Trail Ft. Worth, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/26/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR & MRS Alex Jimenez	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 245 Willow Ridge Rd. Ft. Worth, TX 76103		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/30/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue, Brackett, Flores, Utt & Burns, JV	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 367 7th Street, Ste 12 Ft Worth, TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: <i>8 of 11</i>	
2 FILER NAME <i>Danny Searth</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3/30/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David F. Chappel</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2501 Parkview Dr. STE 220 Ft. Worth, TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/30/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John & Loretta Eskridge</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8154 Westwind Ct. North Richland Hills, TX 76180</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/30/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Thomas Lackey</i>	Amount of contribution (\$) <i>150⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>301 Havenwood Lane N Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/30/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Clifford A. Taylor, Jr.</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>925 Doral Drive Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/30/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Margaret Skinner</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>112 Silverleaf Dr. Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: 9 of 11	
2 FILER NAME Danny Scarth		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/30/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Hudgins	7 Amount of contribution (\$) 50⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2217 Muse Metro Ft. Worth, TX 76112		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/30/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward Falk	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 804 Havenwood Lane N. Ft. Worth, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/30/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Nickerson & Bob Nickerson	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5909 End O Trail Ft. Worth, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/30/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce & Christine Marquardt	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6004 Cholla Dr. Ft. Worth, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/30/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Monerief Campaign	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 777 Taylor Street, STE 1030		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: <i>10 of 11</i>	
2 FILER NAME <i>Danny Searth</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3/30/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mr. & Mrs. J.D. Granger</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>715 Jones St., Ste 201 Ft. Worth, TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/30/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mr. & Mrs. Norman English</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>604 Firewheel Trail Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/30/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mr. & Mrs. John V. Roach</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2805 Alton Rd. Ft. Worth, TX 76109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/30/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Perdue, Brackett, Flores, Witt & Burns, P.C.</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>307 W. 7th Street, Ste 1225 Ft. Worth, TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/30/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Conservative Voters Forum</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3501 Elm Creek Ct. Ft. Worth, TX 76109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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: <i>11 of 11</i>	
2 FILER NAME <i>Danny Scarth</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3/30/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James R. Toal</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>341 Nursery Lane Ft. Worth, TX 76114</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/30/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lee & Carolyn Goodman</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5905 End O Trail Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/30/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Thomas A. Reddick</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>721 Oakwood Trail Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/30/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mr & Mrs. Scott Hinzmann</i>	Amount of contribution (\$) <i>150⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>505 Oak Hollow Lane Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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)	

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
1 of 12

2 FILER NAME

Danny Scarth

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1/25/07

American Legion Post 516

81.35

6 Payee address; City; State; Zip Code

6801 Manhattan Blvd

Ft. Worth, TX 76100

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

Monthly
2 Cent Neighborhood Coffee
(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Amount (\$)

1/25/2007

Woodhaven Country Club

13.80

Payee address; City; State; Zip Code

Country Club Road

Ft Worth, TX ~~76100~~
76112

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

Neighborhood Meeting
(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Amount (\$)

2/5/2007

American Legion Post 516

6.05

Payee address; City; State; Zip Code

6801 Manhattan Blvd.

Ft. Worth, TX 76100

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

Coffee with Constituents
(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Amount (\$)

2/7/2007

Fuzzy's TACO Shop

30.04

Payee address; City; State; Zip Code

SPARACE Street

Ft. Worth, TX 76111

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

Campaign Staff Lunch
(If travel outside of Texas, complete Schedule T)

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 of 12

2 FILER NAME

Danny Scarth

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/8/2007

5 Payee name

Sal. Espino Campaign

6 Payee address; City; State; Zip Code

Ft. Worth, TX

7 Amount (\$)

100⁰⁰

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

Donation

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

2/8/2007

Payee name

Taverna

Payee address; City; State; Zip Code

Ft. Worth, TX 76102

Amount (\$)

32⁰⁰

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

Campaign Staff Lunch

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

2/8/2007

Payee name

American Legion Post 5

Payee address; City; State; Zip Code

Ft. Worth, TX

Amount (\$)

6⁶⁸

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

Coffee with Constituents

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

2/12/2007

Payee name

Hoffbrau Steaks

Payee address; City; State; Zip Code

Haltom City, TX

Amount (\$)

13⁸⁴

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

Lunch with Neighborhood Leader

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 3 of 12
2 FILER NAME Danny Scarth		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/12/2007	5 Payee name Mambo's 6 Payee address; City; State; Zip Code Ft. Worth, TX 76102	7 Amount (\$) 11¹⁵
8 Purpose of payment (See instructions regarding type of information required.) Dinner Meeting with Campaign Staff (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/14/2007	Payee name Pitney Bowles Payee address; City; State; Zip Code via phone, Ct.	Amount (\$) 33¹⁴
Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/22/2007	Payee name Sam's Club #6244 Payee address; City; State; Zip Code 8351 Anderson Blvd. East Chase Parkway Ft. Worth, TX 76120	Amount (\$) 35⁰³
Purpose of payment (See instructions regarding type of information required.) Campaign Kick-off / Fundraiser Supplies (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/23/2007	Payee name Garden Ridge Payee address; City; State; Zip Code North Richland Hills, TX	Amount (\$) 51⁷⁸
Purpose of payment (See instructions regarding type of information required.) Campaign Kick-off / Fundraiser Supplies (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
4 of 12

2 FILER NAME

Danny Scarth

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

2/23/2007

Sam's Club #6244
6 Payee address; City, State, Zip Code
8351 Anderson Blvd
Eastchase PKWY
Ft. Worth, TX 76120

3069

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

Campaign Kick-off / Fundraiser
(If travel outside of Texas, complete Schedule T) Supplies

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

2/26/2007

Kay Granger Campaign
Payee address; City, State, Zip Code
Ft Worth, TX

100⁰⁰

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

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

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

2/26/2007

Donovan Wheatfall Campaign
Payee address; City, State, Zip Code
Ft. Worth, TX

50⁰⁰

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

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

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

2/26/2007

Sam's Club #6244
Payee address; City, State, Zip Code
8351 Anderson Blvd
Eastchase PKWY
Ft. Worth, TX 76120

4763

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

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

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

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

5 of 12

2 FILER NAME

Danny Scarth

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

2/26/2007

Woodhaven Country Club

6 Payee address; City; State; Zip Code

Country Club Lane

Ft. Worth, TX 76112

7 Amount (\$)

26⁰⁰

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

Woodhaven Neighborhood meeting & Dinner
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

2/27/2007

Sam's Club #6244

Payee address; City; State; Zip Code

8351 Anderson Blvd.

Ft. Worth, TX 76120

Amount (\$)

116³⁸

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

Office Supplies
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

2/27/2007

Wal Mart #455

Payee address; City; State; Zip Code

8350 Anderson Blvd

Ft. Worth, TX 76120

Amount (\$)

53⁸⁶

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

Supplies for Campaign Worker's Meeting
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

3/2/2007

Sam's Club #6244

Payee address; City; State; Zip Code

8351 Anderson Blvd

Ft. Worth, TX 76120

Amount (\$)

212⁰⁰

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

Ink, Paper for Campaign Meeting
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 6 of 12
2 FILER NAME Danny Scarth		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/2/2007	5 Payee name Sam's Club #6244	7 Amount (\$) 64⁸¹
6 Payee address; City; State; Zip Code 8351 Anderson Blvd. Ft. Worth, TX 76120		
8 Purpose of payment (See instructions regarding type of information required.) Food for Campaign Worker's Meeting (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/6/2007	Payee name CASH	Amount (\$) 100⁰⁰
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) Filing fee for City Council Campaign (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/6/2007	Payee name Greg Ricks	Amount (\$) 60⁰⁰
Payee address; City; State; Zip Code 720 Oakwood TR. Ft. Worth, TX 76112		
Purpose of payment (See instructions regarding type of information required.) Reimbursement Campaign Expense (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/6/2007	Payee name City Center	Amount (\$) 46⁰⁹
Payee address; City; State; Zip Code Ft. Worth, TX		
Purpose of payment (See instructions regarding type of information required.) Municipal Event (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES **SCHEDULE F**

The Instruction Guide explains how to complete this form.	1 Total pages Schedule F: 7 of 12
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
3/6/2007	Office Depot Payee address; City, State; Zip Code Hurst, TX	40 ⁵⁵

8 Purpose of payment (See instructions regarding type of information required.) office/computer & Supplies (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
3/6/2007	Best Buy #5 Payee address; City, State; Zip Code Hurst, TX	35 ⁷²

Purpose of payment (See instructions regarding type of information required.) Blank DIES (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date	Payee name	Amount (\$)
3/12/2007	Payee address; City, State; Zip Code <hr style="border: 1px solid black;"/>	17 ⁰⁰

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date	Payee name	Amount (\$)
3/12/2007	Starbucks Payee address; City, State; Zip Code Ft. Worth, TX	16 ⁶⁶

Purpose of payment (See instructions regarding type of information required.) Code Blue / Coffee Meeting (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES		SCHEDULE F
The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 8 of 12
2 FILER NAME Danny Scarth		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/14/07	5 Payee name Pitney Bowes 6 Payee address; City; State; Zip Code Via Phone CT	7 Amount (\$) 33¹⁴
8 Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/15/07	Payee name Virgin Mobile Payee address; City; State; Zip Code NJ	Amount (\$) 87⁶⁸
Purpose of payment (See instructions regarding type of information required.) Campaign Hotline (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/15/07	Payee name American Legion Post 516 Payee address; City; State; Zip Code 6801 Manhattan Blvd Ft. Worth, TX 76100	Amount (\$) 973
Purpose of payment (See instructions regarding type of information required.) Monthly 2 Cent Coffee Meeting for Constituents (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/15/2007	Payee name Corner Bakery Payee address; City; State; Zip Code Ft. Worth, TX 76102	Amount (\$) 8⁵³
Purpose of payment (See instructions regarding type of information required.) Lunch meeting with Neighborhood Leader (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
9 of 12

2 FILER NAME
Danny Scarth

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/16/2007

5 Payee name
Cafe Press
6 Payee address; City; State; Zip Code
Via Internet

7 Amount (\$)
32⁹⁸

8 Purpose of payment (See instructions regarding type of information required.)
Campaign Apparel
(If travel outside of Texas, complete Schedule T)

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

Date
3/21/2007

Payee name
Global Mail
Payee address; City; State; Zip Code
**Beach Street
Ft. Worth, TX**

Amount (\$)
1500⁰⁰

Purpose of payment (See instructions regarding type of information required.)
Letter Mailer Postage
(If travel outside of Texas, complete Schedule T)

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

Date
3/23/2007

Payee name
Joe's Coffee Shop
Payee address; City; State; Zip Code
**5912 Denton Hwy
Watauga, TX**

Amount (\$)
8⁰¹

Purpose of payment (See instructions regarding type of information required.)
Monthly 2 Cent Coffee with Constituents
(If travel outside of Texas, complete Schedule T)

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

Date
3/24/2007

Payee name
Fuzzy Taco Shop
Payee address; City; State; Zip Code
**2719 Fuzzy Race St
Ft. Worth, TX 76111**

Amount (\$)
55³⁶

Purpose of payment (See instructions regarding type of information required.)
Post Campaign Event lunch for Campaign Workers
(If travel outside of Texas, complete Schedule T)

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
10 of 12

2 FILER NAME
Danny Scarth

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/26/2007

5 Payee name
Woodhaven Neighborhood Association

7 Amount (\$)
13⁰⁰

6 Payee address; City; State; Zip Code
Ft. Worth, TX 76112

8 Purpose of payment (See instructions regarding type of information required.)
Dinner meeting
(If travel outside of Texas, complete Schedule T)

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

Date
3/26/2007

Payee name
American Legion Post 516
Payee address; City; State; Zip Code
**6801 Manhattan Blvd
Ft. Worth, TX 76120**

Amount (\$)
11⁵³

Purpose of payment (See instructions regarding type of information required.)
Monthly 2 Cent Coffee with Constituents
(If travel outside of Texas, complete Schedule T)

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

Date
3/26/2007

Payee name
Police Officer's Fund
Payee address; City; State; Zip Code
Ft. Worth, TX

Amount (\$)
100⁰⁰

Purpose of payment (See instructions regarding type of information required.)
Donation
(If travel outside of Texas, complete Schedule T)

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

Date
3/26/2007

Payee name
Joann Stores
Payee address; City; State; Zip Code
Hurst, TX

Amount (\$)
~~65⁵³~~
65⁹¹

Purpose of payment (See instructions regarding type of information required.)
Donation of Stuffed Rabbits for Neighborhood Easter Egg Hunt (River Trails)
(If travel outside of Texas, complete Schedule T)

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

11 of 12

2 FILER NAME

Danny Scarth

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/24/2007

5 Payee name

Target

6 Payee address; City; State; Zip Code

Wautaga, TX

7 Amount (\$)

16.07

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

Candy for Neighborhood Easter Egg Hunt
(If travel outside of Texas, complete Schedule T) Park Glenn

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

Date

3/30/2007

Payee name

American Legion Post 516

Payee address; City; State; Zip Code

6801 Manhattan Blvd.
Ft. Worth, TX 76120

Amount (\$)

18.32

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

Breakfast Lunch with Constituents
(If travel outside of Texas, complete Schedule T)

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

Date

4/2/2007

Payee name

Metro Liquor

Payee address; City; State; Zip Code

Ft. Worth, TX

Amount (\$)

87.62

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

Donation for Neighborhood Block Party
(If travel outside of Texas, complete Schedule T)

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

Date

4/2/2007

Payee name

Theresa's Dixie House

Payee address; City; State; Zip Code

Belknap Street
Ft Worth, TX

Amount (\$)

58.61

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

Lunch with Neighborhood leaders
(If travel outside of Texas, complete Schedule T)

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

12 of 12

2 FILER NAME

Danny Scarth

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/2/2007

5 Payee name

Office Depot

6 Payee address; City; State; Zip Code

East Chase Pkwy

Ft. Worth, TX 76120

7 Amount (\$)

46 ⁴⁸

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

Campaign Office Supplies & Thank You Notes

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

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

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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED