

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

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

2 Total pages filed:

22

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR 0 FIRST Daniel MI L.

NICKNAME LAST SUFFIX
Danny Scarth

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

505 Highwoods Trail
Fort Worth, TX 76112

Change of Address

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

817 446-7311

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR 0 FIRST John MI D

NICKNAME LAST SUFFIX
Burge

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

728 Firewheel Tr. 17, Worth, TX 76112

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

817 457-3238

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 THROUGH Month Day Year
5 / 4 / 07 7 / 15 / 07

11 ELECTION

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

12 OFFICE

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

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** 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

additional pages

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)

•• 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	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	\$	—
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	11,750.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	—
4. TOTAL POLITICAL EXPENDITURES	\$	14,846.74
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	29,994.23
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	—

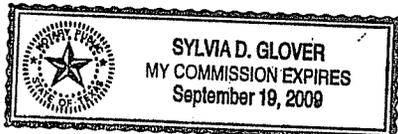
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

19 AFFIDAVIT

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



AFFIX NOTARY STAMP / SEAL ABOVE

Danny L. Scarth
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Danny L. Scarth*, this the 16th day of July, 20 07, to certify which, witness my hand and seal of office.

Sylvia Glover
Signature of officer administering oath

Sylvia Glover
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: <i>1 of 4</i>	
2 FILER NAME <i>Daniel L. Scarth</i>		3 ACCOUNT# (Ethics Commission filers)	
4 Date <i>5/11/2007</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>XTO Energy, Inc. Fed PAC</i>	7 Amount of contribution (\$) <i>1,000⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>810 Houston ST., Ste 2000 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>5/11/2007</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chesapeake Energy Corp. Federal PAC</i>	Amount of contribution (\$) <i>1,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 18576 Oklahoma City, OK 73154</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/11/2007</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chesapeake Energy Corp. Federal PAC</i>	Amount of contribution (\$) <i>1,350⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 18576 Oklahoma City, OK 73154</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/11/2007</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Riverbend Investment Inc. LTD</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 185104 Ft. Worth, TX 76181</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/11/2007</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jay M. & Melissa R. McSpadden</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6001 Forest River Drive Ft. Worth, TX 76112</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
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>2 of 4</i>	
2 FILER NAME <i>Danny Scarth</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5/11/2007</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael J. Mallick</i>	7 Amount of contribution (\$) <i>2,000⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3715 Camp Bowie Blvd. Ft. Worth, TX 76107</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/11/2007</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lorenzo & Roslind Evans</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>205 Silverleaf Dr. Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/11/2007</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tarrant Acquisition, LTD</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 185219 Ft. Worth, TX 76181</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/11/2007</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>L.H. & M.P. Deitchman</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>501 Oak Hollow LN. Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/11/2007</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert & Kara Baker</i>	Amount of contribution (\$) <i>2000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9517 Bella Terra Dr. Ft. Worth, TX 76126</i>		(If travel outside of Texas, complete Schedule T)	
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>3 of 4</i>	
2 FILER NAME <i>Danny Scarth</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5/11/2007</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lee OR Carolyn Goodman</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5905 End O Trail 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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	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 4</i>	
2 FILER NAME <i>Danny Scarth</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>6/7/07</i>	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mr & Mrs. John Roach</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2805 Alton Rd. Ft. Worth Tx. 76109</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>6/7/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Speed PAC</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>500 Main St Suite 600 Ft. Worth TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/7/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jay & Beverly Hester</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2848 SANDY LANE Ft Worth 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/7/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RE Bolen</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4213 Candeland Ln. Ft Worth TX. 76133</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/7/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ft. Worth Police Officers Assn.</i>	Amount of contribution (\$) <i>2000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>904 Collier Ft. Worth TX. 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <i>1 of 16</i>
2 FILER NAME <i>Daniel L. Scarth</i>		3 ACCOUNT# (Ethics Commission filers)
4 Date <i>5/07/2007</i>	5 Payee name <i>Academy LTD</i> 6 Payee address; City; State; Zip Code <i>7441 North East Loop 820 Richard Hills, TX 76180</i>	7 Amount (\$) <i>365⁸⁹</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Victory Party</i> (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 <i>5/07/2007</i>	Payee name <i>Lone Star BarB-Que</i> Payee address; City; State; Zip Code <i>6320 N. Beach Haltom Hills, TX 76137</i>	Amount (\$) <i>240⁰⁰</i>
Purpose of payment (See instructions regarding type of information required.) <i>Car Show / Fundraiser</i> (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <i>5/08/2007</i>	Payee name <i>Target</i> Payee address; City; State; Zip Code <i>1400 Precinct Line Rd. Hurst, TX 76053</i>	Amount (\$) <i>68¹⁰</i>
Purpose of payment (See instructions regarding type of information required.) <i>Victory Party</i> (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <i>5/08/2007</i>	Payee name <i>MRS. Baird's Outlet</i> Payee address; City; State; Zip Code <i>2436 Brentwoodstair Rd. Ft. Worth, TX 76112</i>	Amount (\$) <i>23⁴⁷</i>
Purpose of payment (See instructions regarding type of information required.) <i>Victory Party</i> (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2 of 16
2 FILER NAME Danny Scarth		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/09/07	5 Payee name InkSpot 6 Payee address; City; State; Zip Code 576 N. Beach Street Ft. Worth, TX 76111	7 Amount (\$) 2,000⁰⁰
8 Purpose of payment (See instructions regarding type of information required.) Printing (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 5/09/07	Payee name Sam's Club #6244 Payee address; City; State; Zip Code 8351 Anderson Blvd. Ft. Worth, TX 76120	Amount (\$) 427⁷²
Purpose of payment (See instructions regarding type of information required.) Victory 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 5/09/07	Payee name Paris Coffee Shop Payee address; City; State; Zip Code 700 West Magnolia Ft. Worth, TX 76104	Amount (\$) 409
Purpose of payment (See instructions regarding type of information required.) meeting 2 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
Date 5/09/07	Payee name Fastrack Food/Gas Payee address; City; State; Zip Code 6665 Randol Mill Fort Worth, TX 76112	Amount (\$) 65³²
Purpose of payment (See instructions regarding type of information required.) Gas for Campaign Sign Distribution (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

3 of 16

2 FILER NAME

Danny Scarth

3 ACCOUNT# (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5/11/2007 Sam's Club #6244
 6 Payee address; City; State; Zip Code
 8351 Anderson Blvd.
 Ft. Worth, TX 76120

104⁹²

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

Victory Party 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

Date

Payee name

Amount (\$)

5/11/2007 Lowe's
 Payee address; City; State; Zip Code
 1111 Eastchase Pkwy
 Ft. Worth, TX 76120

29³²

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

Campaign 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

Amount (\$)

5/14/2007 Cash - Sam's Club
 Payee address; City; State; Zip Code
 8351 Anderson Blvd.
 Ft. Worth, TX 76120

\$200⁰⁰

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

Victory Party Food 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

Amount (\$)

5/14/07 Global Mail
 Payee address; City; State; Zip Code
 576 N. Beach St
 Ft. Worth, TX 76111

\$1,100⁰⁰

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

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

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <i>4 of 16</i>
2 FILER NAME <i>Danny Scarth</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>5/14/07</i>	5 Payee name <i>Global Mail</i> 6 Payee address; City; State; Zip Code <i>576 N. Beach Street Ft. Worth, TX 76111</i>	7 Amount (\$) <i>1,000⁰⁰</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Printing / Campaign</i> (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 <i>5/14/07</i>	Payee name <i>Flora Johnson</i> Payee address; City; State; Zip Code <i>4804 E. Berry St Ft. Worth, TX 76105</i>	Amount (\$) <i>120⁰⁰</i>
Purpose of payment (See instructions regarding type of information required.) <i>Campaign Staff</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>5/14/07</i>	Payee name <i>Flora Johnson</i> Payee address; City; State; Zip Code <i>4804 E. Berry St Ft. Worth, TX 76105</i>	Amount (\$) <i>80⁰⁰</i>
Purpose of payment (See instructions regarding type of information required.) <i>Campaign Staff</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>5/14/07</i>	Payee name <i>Albertson's</i> Payee address; City; State; Zip Code <i>850 East Loop 820 Ft. Worth, TX 76112</i>	Amount (\$) <i>79⁶⁴</i>
Purpose of payment (See instructions regarding type of information required.) <i>Victory Party</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 5 of 16
2 FILER NAME Danny Scarth		3 ACCOUNT# (Ethics Commission filers)
4 Date 5/14/07	5 Payee name Mindy Lu's	7 Amount (\$) 50⁰⁰
6 Payee address; City; State; Zip Code 5.E. Loop 820 Ft. Worth, TX 76112		
8 Purpose of payment (See instructions regarding type of information required.) Victory Party Food (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 5/14/07	Payee name Majestic Liquor	Amount (\$) 48⁴¹
Payee address; City; State; Zip Code 850 500 EAST Loop 820 Ft. Worth, TX 76112		
Purpose of payment (See instructions regarding type of information required.) Victory Party Refreshments (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/14/07	Payee name KROGER	Amount (\$) 59⁴⁸
Payee address; City; State; Zip Code 1000 Bridge Wood Ft. Worth, TX 76112		
Purpose of payment (See instructions regarding type of information required.) Victory Party Food/Refreshments (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/14/07	Payee name Albertson's	Amount (\$) 31²⁹
Payee address; City; State; Zip Code 850 East Loop 820 Ft. Worth, TX 76112		
Purpose of payment (See instructions regarding type of information required.) Victory Party Refreshments (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <i>6 of 16</i>
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>Farmer's Market</i>	7 Amount (\$) <i>28³⁴</i>
<i>5/14/07</i>	6 Payee address; City; State; Zip Code <i>5507 E. Belknap St. Fort Worth, TX 76117</i>	
8 Purpose of payment (See instructions regarding type of information required.) <i>Victory Party Food</i> (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 (\$)
<i>05/14/07</i>	<i>East Fort Worth Business Assoc.</i>	<i>13⁰⁰</i>
	Payee address; City; State; Zip Code <i>P.O. Box 8861 Ft. Worth, TX 76124</i>	
Purpose of payment (See instructions regarding type of information required.) <i>Luncheon</i> (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 (\$)
<i>5/15/07</i>	<i>G.M. Marketing Direct</i>	<i>1,500⁰⁰</i>
	Payee address; City; State; Zip Code <i>576 N. Beach Ft. Worth, TX 76111</i>	
Purpose of payment (See instructions regarding type of information required.) <i>Printing</i> (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 (\$)
<i>5/15/07</i>	<i>T.E.C.</i>	<i>500⁰⁰</i>
	Payee address; City; State; Zip Code <i>P.O. Box 12070 Austin, TX 78711-2070</i>	
Purpose of payment (See instructions regarding type of information required.) <i>Administrative Fees</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 7 of 16
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	7 Amount (\$)
5/16/07	C.R.S. Enterprise 6 Payee address; City; State; Zip Code 1006 Meadow Ridge Drive Dripping Springs, TX 78620	800 ⁰⁰
8 Purpose of payment (See instructions regarding type of information required.) <i>Victory Party Catering</i> (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 (\$)
5/16/07	The Home Depot Payee address; City; State; Zip Code 1151 Bridgewood Dr. Ft. Worth, TX 76112	404 ⁷³
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 (\$)
5/15/07	Virgin Mobile Payee address; City; State; Zip Code Via Internet	40 ²³
Purpose of payment (See instructions regarding type of information required.) <i>Campaign Cell Phone</i> (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 (\$)
5/16/07	NRA Payee address; City; State; Zip Code P.O. Box 420648 Palm Coast, FL 32142	50 ⁰⁰
Purpose of payment (See instructions regarding type of information required.) <i>membership</i> (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: <i>8 of 16</i>
2 FILER NAME <i>Danny Scarth</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>5/14/07</i>	5 Payee name <i>Pitney Bowles</i> 6 Payee address; City; State; Zip Code <i>Via Telephone</i>	7 Amount (\$) <i>33¹⁴</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Postage</i> (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 <i>5/17/07</i>	Payee name <i>Flora Johnson</i> Payee address; City; State; Zip Code <i>4804 E. Berry St. Ft. Worth, TX 76105</i>	Amount (\$) <i>150⁰⁰</i>
Purpose of payment (See instructions regarding type of information required.) <i>Victory Party staff cleanup</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>5/21/07</i>	Payee name <i>Sammie's B-B-Q</i> Payee address; City; State; Zip Code <i>3801 E. Belknap Ft. Worth, TX 76111</i>	Amount (\$) <i>26⁶⁷</i>
Purpose of payment (See instructions regarding type of information required.) <i>lunch meeting & Neighborhood Leaders</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>5/24/07</i>	Payee name <i>Flora Johnson</i> Payee address; City; State; Zip Code <i>4804 E. Berry St. Ft. Worth, TX 76105</i>	Amount (\$) <i>150⁰⁰</i>
Purpose of payment (See instructions regarding type of information required.) <i>Campaign Staff</i> (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: <i>9 of 16</i>
2 FILER NAME <i>Danny Scarth</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>5/25/07</i>	5 Payee name <i>Woodhaven Country Club</i>	7 Amount (\$) <i>95¹⁸</i>
6 Payee address; City; State; Zip Code <i>Country Club Lane Ft. Worth, TX 76112</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Neighborhood Leaders Dinner</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		.. 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: <i>10 of 16</i>
2 FILER NAME <i>Danny Scarth</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>6/04/07</i>	5 Payee name <i>Expanco</i> 6 Payee address; City; State; Zip Code <i>3005 Wichita Ct. Ft. Worth, TX 76140</i>	7 Amount (\$) <i>500⁰⁰</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Donation</i> (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 <i>6/06/07</i>	Payee name <i>Library</i> Payee address; City; State; Zip Code <i>611 Houston St. Ft. Worth, TX 76102</i>	Amount (\$) <i>32⁵⁰</i>
Purpose of payment (See instructions regarding type of information required.) <i>Lunch Meeting @ City Staff</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>6/07/07</i>	Payee name <i>Expanco Inc</i> Payee address; City; State; Zip Code <i>3005 Wichita Ct. Ft. Worth, TX 76140</i>	Amount (\$) <i>25⁰⁰</i>
Purpose of payment (See instructions regarding type of information required.) <i>Donation</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>6/07/07</i>	Payee name <i>Walymart</i> Payee address; City; State; Zip Code <i>8350 Anderson Blvd. Ft. Worth, TX 76120</i>	Amount (\$) <i>16¹⁷</i>
Purpose of payment (See instructions regarding type of information required.) <i>Supplies</i> (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: <i>11 of 16</i>
2 FILER NAME <i>Danny Scarth</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>6/08/07</i>	5 Payee name <i>Flora Johnson</i>	7 Amount (\$) <i>200.00</i>
6 Payee address; City; State; Zip Code <i>4804 E. Berry Street Ft. Worth, TX 76105</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Campaign Staff</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>6/08/07</i>	Payee name <i>Sam's Club</i>	Amount (\$) <i>108.03</i>
Payee address; City; State; Zip Code <i>8351 Anderson Blvd Ft. Worth, TX 76120</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Supplies</i> <small>(If travel outside of Texas, complete Schedule T)</small>	** 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.) <small>(If travel outside of Texas, complete Schedule T)</small>	** 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.) <small>(If travel outside of Texas, complete Schedule T)</small>	** 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: <i>12 of 16</i>
2 FILER NAME <i>Danny Scarth</i>		3 ACCOUNT # <i>12</i> (Ethics Commission filers)
4 Date <i>6/14/07</i>	5 Payee name <i>Pitney Bowes</i> 6 Payee address; City; State; Zip Code <i>Via Internet</i>	7 Amount (\$) <i>\$ 33.14</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Postage</i> (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 <i>6/15</i>	Payee name <i>Virgin Mobil USA</i> Payee address; City; State; Zip Code <i>Via Internet</i>	Amount (\$) <i>\$ 40.24</i>
Purpose of payment (See instructions regarding type of information required.) <i>mobile Phone</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>6/18</i>	Payee name <i>Los Collinas Mandalay</i> Payee address; City; State; Zip Code <i>221 E. Los Collinas Blvd Irving TX 75039</i>	Amount (\$) <i>\$ 103.00</i>
Purpose of payment (See instructions regarding type of information required.) <i>Council Retreat</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>6/18</i>	Payee name <i>Omni Hotel Mandalay</i> Payee address; City; State; Zip Code <i>221 E. Los Collinas Blvd Irving TX 75039</i>	Amount (\$) <i>\$ 16.22</i>
Purpose of payment (See instructions regarding type of information required.) <i>Council Retreat</i> (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: <i>13 of 16</i>
2 FILER NAME <i>Drumy Scott</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>6/21/07</i>	5 Payee name <i>Office Depot</i>	7 Amount (\$) <i>\$ 16.75</i>
6 Payee address; City; State; Zip Code <i>11600 Eastclase Pkwy Ft. Worth TX. 76120</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Campaign Envelopes</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>6/22/07</i>	Payee name <i>99¢ cents only Store</i>	Amount (\$) <i>\$ 58.21</i>
Payee address; City; State; Zip Code <i>3801 Collyville Blvd. Collyville TX 76034</i>		
Purpose of payment (See instructions regarding type of information required.) <i>4th July Celebration</i> <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>6/25/07</i>	Payee name <i>Dams' Club</i>	Amount (\$) <i>\$ 233.56</i>
Payee address; City; State; Zip Code <i>8351 Anderson Blvd Ft. Worth TX. 76120</i>		
Purpose of payment (See instructions regarding type of information required.) <i>4th July Celebration</i> <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>6/26/07</i>	Payee name <i>Great Meadowsbrook News</i>	Amount (\$) <i>\$ 680⁰⁰</i>
Payee address; City; State; Zip Code <i>P.O. Box 24264 Ft. Worth TX. 76124</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Advertising</i> <small>(If travel outside of Texas, complete Schedule T)</small>		** 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: <i>14 of 16</i>
2 FILER NAME <i>Danny Scarth</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>6/28/07</i>	5 Payee name <i>Hora Johnson</i> 6 Payee address; City; State; Zip Code <i>4804 E. Berry St Ft. Worth 76105</i>	7 Amount (\$) <i>\$150⁰⁰</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>4th July Breakfast Campaign</i> (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 <i>6/27/07</i>	Payee name <i>Optimist Club</i> Payee address; City; State; Zip Code <i>(East Side Optimist - BFT East)</i>	Amount (\$) <i>25⁰⁰</i>
Purpose of payment (See instructions regarding type of information required.) <i>Donation - Flag</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>7/2/07</i>	Payee name <i>Sams Club</i> Payee address; City; State; Zip Code <i>8351 Anderson Blvd Ft. Worth 76120</i>	Amount (\$) <i>\$268.17</i>
Purpose of payment (See instructions regarding type of information required.) <i>4th July Celebration</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>7/02/07</i>	Payee name <i>Kroger</i> Payee address; City; State; Zip Code <i>1050 Bridgewood Ft. Worth TX 76112</i>	Amount (\$) <i>\$24.15</i>
Purpose of payment (See instructions regarding type of information required.) <i>4th July Celebration</i> (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: <i>15 of 16</i>
2 FILER NAME <i>Danny Scarth</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>7/3/07</i>	5 Payee name <i>Guide to the City Biz</i>	7 Amount (\$) <i>\$ 2,000.00</i>
6 Payee address; City; State; Zip Code <i>720 Oakwood Ft. Worth TX 76112</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Website-Media-Campaign</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>7/3/07</i>	Payee name <i>Academy</i>	Amount (\$) <i>\$ 111.12</i>
Payee address; City; State; Zip Code <i>7441 NE Loop 820 Richland Hills TX 76180</i>		
Purpose of payment (See instructions regarding type of information required.) <i>WNA-Donation Picnic Horseshoes & Croquet</i> <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>7/3/07</i>	Payee name <i>Albertsons</i>	Amount (\$) <i>98.40</i>
Payee address; City; State; Zip Code <i>850 E Loop 820 Ft. Worth TX 76112</i>		
Purpose of payment (See instructions regarding type of information required.) <i>4th July Celebration</i> <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>7/5/07</i>	Payee name <i>J.J. Fastback</i>	Amount (\$) <i>\$ 35.00</i>
Payee address; City; State; Zip Code <i>6665 Randsell Mill Rd. Ft. Worth TX 76112</i>		
Purpose of payment (See instructions regarding type of information required.) <i>4th July-Breakfast-Ice</i> <small>(If travel outside of Texas, complete Schedule T)</small>		** 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: <i>16 of 16</i>
2 FILER NAME <i>Danny Scarth</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>7/6/07</i>	5 Payee name <i>Flora Johnson</i>	7 Amount (\$) <i>\$150.00</i>
6 Payee address; City; State; Zip Code <i>4804 E. Berry St. H. Worth TX. 76105</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Clean up - Staff 4th July</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
Date <i>7/16/07</i>	Payee name <i>Pitney Bowes</i>	Amount (\$) <i>\$33.14</i>
Payee address; City; State; Zip Code <i>Via Internet</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Postage - Stamps</i> <small>(If travel outside of Texas, complete Schedule T)</small>		•• 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.) <small>(If travel outside of Texas, complete Schedule T)</small>		•• 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.) <small>(If travel outside of Texas, complete Schedule T)</small>		•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held

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