

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT **FORM C/OH COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission File #) **2 Total pages filed:** **16**

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR: **0** FIRST: **Daniel L** MI: **L**
 NICKNAME: **Danny** LAST: **Scarth** SUFFIX:

OFFICE USE ONLY

Date Received

OFFICIAL RECORD

CITY SECRETARY

F. WORTH, TEX

Date Hand-delivered or Date E-mailed

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
505 Highwoods TR. Fort Worth, TX 76112
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE PHONE NUMBER EXTENSION
817 444-7311

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: **0** FIRST: **John D.** 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 Firewheel TR. Fort Worth 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 THROUGH Month Day Year
4 / 12 / 07 THROUGH 5 / 4 / 07

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

12 OFFICE
 OFFICE HELD (if any): **Ft. Worth City Council Dist 4**
 OFFICE SOUGHT (if known): **SAME**

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)

\$

17,880.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

-

4. TOTAL POLITICAL EXPENDITURES

\$

7,321.10

CONTRIBUTION BALANCE

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

\$

33,090.91

OUTSTANDING LOAN TOTALS

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

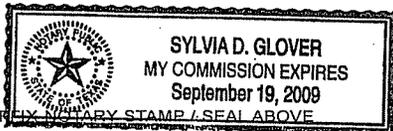
\$

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.

[Handwritten Signature]

Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said *Danny Scarth*, this the *14th* day of *May*, 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 6</i>	
2 FILER NAME <i>Daniel L. Scarth</i>		3 ACCOUNT# (Ethics Commission filers)	
4 Date <i>4/13/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruth Walker</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>932 Country Club Lane 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>4/13/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAMES L. OR Linda Rutherford</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>225 Sunset Oaks Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/13/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAMES W. OR Judy J. Scheffl</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>901 Ft. Worth Club Ft. Worth, TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/13/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>S.B. Ross, Inc.</i>	Amount of contribution (\$) <i>200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>716 Oakwood TR. Ft Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/13/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Apartment Assoc. Tarrant CO. PAC</i>	Amount of contribution (\$) <i>1,500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6350 Baker Blvd. Ft. Worth, TX 76118</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 6</i>	
2 FILER NAME <i>Daniel L. Scarth</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/13/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vernon OR Ella Rew</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>825 Firewheel 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>4/13/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>M. Deitchman</i>	Amount of contribution (\$) <i>50⁰⁰</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>4/13/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joseph Waller</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 136547 Ft. Worth, TX 76136</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/13/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Duer Wagner, JR.</i>	Amount of contribution (\$) <i>2,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6300 Ridglea Place, Ste 20 Ft. Worth, TX 76116</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/13/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edward Bass, Special</i>	Amount of contribution (\$) <i>1,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>201 Main Ste. Ste. 2700 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 of 6	
2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/13/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PSEL PAC	7 Amount of contribution (\$) 1,000⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 201 Main Street, STE 2500 Ft. Worth, TX 76102		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/13/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) K-PAC	Amount of contribution (\$) 1,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 201 Main Street, STE 2500 Ft. Worth, TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/13/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Good Government Fund	Amount of contribution (\$) 1,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 201 Main Street Ft. Worth, TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/13/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Progress Fund	Amount of contribution (\$) 2,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Burnette Plaza, Ste 1500 800 Cherry St. #9 Ft. Worth, TX 76102		(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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**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 6</i>	
2 FILER NAME <i>Danny Scarth</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5/2/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vernell Sturns</i>	7 Amount of contribution (\$) <i>200⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>612 Highwoods Tr. 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>5/2/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul Geisel</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4304 Kenwood CT Ft. Worth, TX 76103</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/2/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jason C. Smith</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2257 College Ave Ft Worth, TX 76110</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/2/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MR & MRS Edwin Kimbell</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>701 Highwoods TR. Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/2/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alton D. Patten</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5713 Blueridge 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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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5 of 6	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/2/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CH2M.Hill.Texas.PAC	7 Amount of contribution (\$) 300⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 12377 Merit Dr. 10th Floor Dallas, TX 75251		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/2/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AEP Heights, LLC	Amount of contribution (\$) 750⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 401 West A Street, Suite 1950 San Diego, CA 92101		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/2/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammer & Nails Club - Candidate	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6464 Brentwood Stair Rd., Ste 100 Ft. Worth, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/2/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GFWAR - PAC	Amount of contribution (\$) 4000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 26250 Parkview Dr. Ft. Worth, TX 76102		(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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**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 6</i>	
2 FILER NAME <i>Danny Scarth</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5/2/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mrs. John Stevenson</i>	7 Amount of contribution (\$) <i>250⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1207 Hillcrest St. 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>5/2/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>M. R. Webb</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6128 Forest Lane Ft. Worth, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/2/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gary W. Cumbie</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>400 Willow Ridge Ft. Worth, TX 76103</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/2/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Donna J. Pillar</i>	Amount of contribution (\$) <i>30⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1516 Oak Hill 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>5/2/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Q PAC</i>	Amount of contribution (\$) <i>750⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>301 Commerce Street, Ste 3200 Ft. Worth, TX 76102</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 EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <i>1 of 8</i>
2 FILER NAME <i>Daniel L. Scarth</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4/5/07</i>	5 Payee name <i>El Chico</i> 6 Payee address; City; State; Zip Code <i>7621 Baker Blvd Richard Hills Ft. Worth TX 76118</i>	7 Amount (\$) <i>36⁰⁰</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Campaign Staff Lunch</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>4/5/07</i>	Payee name <i>Target</i> Payee address; City; State; Zip Code <i>8000 Denton Hwy Wautaga, TX 76148</i>	Amount (\$) <i>48⁹⁹</i>
Purpose of payment (See instructions regarding type of information required.) <i>Donations for Easter Egg Hunt in District 4</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>4/6/07</i>	Payee name <i>Sam's Club #6244</i> Payee address; City; State; Zip Code <i>8351 Anderson Blvd. Ft. Worth, TX 76120</i>	Amount (\$) <i>206³⁵</i>
Purpose of payment (See instructions regarding type of information required.) <i>Campaign Office 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 <i>4/6/07</i>	Payee name <i>Walmart</i> Payee address; City; State; Zip Code <i>8350 Anderson Blvd Ft. Worth, TX 76120</i>	Amount (\$) <i>83⁰⁶</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
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>2 of 8</i>
2 FILER NAME <i>Daniel L. Scarth</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4/05/07</i>	5 Payee name <i>Starbuck's</i> 6 Payee address; City; State; Zip Code <i>1324 W. Pipeline Hurst, TX 76053</i>	7 Amount (\$) <i>29.47</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Coffee for Meet & Greet</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>4/6/07</i>	Payee name <i>El Chico</i> Payee address; City; State; Zip Code <i>7621 Baker Blvd. Richland Hills Fort Worth, TX</i>	Amount (\$) <i>72.67</i>
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 <i>4/9/07</i>	Payee name <i>Metro Liquor</i> Payee address; City; State; Zip Code <i>6550 Boca Raton Blvd. Ft. Worth, TX 76112</i>	Amount (\$) <i>25.97</i>
Purpose of payment (See instructions regarding type of information required.) <i>Refreshments for meet & greet</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>4/11/07</i>	Payee name <i>G.M Direct</i> Payee address; City; State; Zip Code <i>576 Beach Street Ft. Worth, TX 76111</i>	Amount (\$) <i>1,000.00</i>
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
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 8
2 FILER NAME Daniel Searth		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/13/07	5 Payee name Home Depot 6 Payee address; City; State; Zip Code Bridgewood Street Ft. Worth, TX 76112	7 Amount (\$) 125⁰⁰
8 Purpose of payment (See instructions regarding type of information required.) stacks/poles for Campaign Signs (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 4/12/07	Payee name Pitney Bowes Payee address; City; State; Zip Code Via Telephone 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 4/16/07	Payee name News Library.com Payee address; City; State; Zip Code Via internet	Amount (\$) 2.95
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 4/17/07	Payee name Sammie's BBQ Payee address; City; State; Zip Code 3801 Belknap Street Ft. Worth, TX 76111	Amount (\$) 26⁰⁰
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
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: 4 of 8
2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/19/07	5 Payee name Cash 6 Payee address; City; State; Zip Code	7 Amount (\$) 80⁰⁰
8 Purpose of payment (See instructions regarding type of information required.) Postage Stamps (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 4/19/07	Payee name Register.com Payee address; City; State; Zip Code Internet	Amount (\$) 35⁰⁰
Purpose of payment (See instructions regarding type of information required.) Website for Valley Missionary Church (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/20/07	Payee name Wilson Awards Payee address; City; State; Zip Code 3000 East Loop 820 Ft. Worth, TX 76119	Amount (\$) 161⁰²
Purpose of payment (See instructions regarding type of information required.) Trophy for Car Show (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/20/07	Payee name Joe's Coffee Shop Payee address; City; State; Zip Code 5912 Denton Hwy Watauga, TX	Amount (\$) 31³⁶
Purpose of payment (See instructions regarding type of information required.) monthly 2 Cent Coffee / Neighborhood (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 8
2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/21/07	5 Payee name ██████████ American Legion #516 6 Payee address; City; State; Zip Code 6801 Manhattan Blvd Ft. Worth, TX 76120	7 Amount (\$) 1495
8 Purpose of payment (See instructions regarding type of information required.) Neighborhood leaders 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 4/26/07	Payee name Border's Books Payee address; City; State; Zip Code 40 Union Gospel Mission Ft. Worth, TX	Amount (\$) 41⁶⁴
Purpose of payment (See instructions regarding type of information required.) Books for Council 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 4/26/07	Payee name Trambo's Payee address; City; State; Zip Code Taylor Street Ft. Worth, TX 76102	Amount (\$) 13²⁶
Purpose of payment (See instructions regarding type of information required.) Lunch with City staff (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 4/27/07	Payee name Office Depot Payee address; City; State; Zip Code Eastchase Pkw Ft. Worth, TX 76120	Amount (\$) 74⁸⁰
Purpose of payment (See instructions regarding type of information required.) Ink & Paper (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 8</i>
2 FILER NAME <i>Daniel L. Scarth</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4/27/08</i>	5 Payee name <i>Scotty's Diner</i> 6 Payee address; City; State; Zip Code <i>5100 N. Beach Street Ft. Worth, TX 76137</i>	7 Amount (\$) <i>38¹³</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Dinner for Campaign Event</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>4/30/07</i>	Payee name <i>Office Depot</i> Payee address; City; State; Zip Code <i>Eastchase PKW Ft. Worth, TX 76120</i>	Amount (\$) <i>206²⁹</i>
Purpose of payment (See instructions regarding type of information required.) <i>Laser Printer for Campaign</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>4/30/07</i>	Payee name <i>Union Gospel Mission</i> Payee address; City; State; Zip Code <i>1321 East Lancaster Ft. Worth, TX 76102</i>	Amount (\$) <i>100⁰⁰</i>
Purpose of payment (See instructions regarding type of information required.) <i>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>4/30/07</i>	Payee name <i>Office Depot</i> Payee address; City; State; Zip Code <i>Eastchase PKW Ft. Worth, TX 76120</i>	Amount (\$) <i>68⁹²</i>
Purpose of payment (See instructions regarding type of information required.) <i>Paper & Copies</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 8
2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/30/07	5 Payee name American Legion #516 6 Payee address; City; State; Zip Code 6801 Manhattan Blvd. Ft. Worth, TX 76120	7 Amount (\$) 1502
8 Purpose of payment (See instructions regarding type of information required.) (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 5/1/07	Payee name Premium Graphics Payee address; City; State; Zip Code Via internet Houston, TX	Amount (\$) 1012⁰⁰
Purpose of payment (See instructions regarding type of information required.) Campaign Signs (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/2/07	Payee name Ink Spot Payee address; City; State; Zip Code 576 Beach Street Ft. Worth, TX	Amount (\$) 2000⁰⁰
Purpose of payment (See instructions regarding type of information required.) Campaign Mailer (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/2/07	Payee name Global Mail Payee address; City; State; Zip Code 576 Beach Street Ft. Worth, TX	Amount (\$) 1400⁰⁰
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
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:

8 of 8

2 FILER NAME

Daniel Li Scarth

3 ACCOUNT# (Ethics Commission filers)

4 Date

5/2/07

5 Payee name

Global Mail

6 Payee address; City; State; Zip Code

576 Beach Str.

Ft. Worth, TX 76111

7 Amount (\$)

200.00

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

5/3/07

Payee name

Fast Signs

Payee address; City; State; Zip Code

7440 N.E. Loop 820

D. Rickland Hills, TX 76180

Amount (\$)

109.14

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

Car Show Signs
(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

Payee address; City; State; Zip Code

Amount (\$)

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

Payee address; City; State; Zip Code

Amount (\$)

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

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