

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 # <small>(Ethics Commission Filers)</small>	2 Total pages filed.	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>MR</i> NICKNAME	FIRST <i>Daniel</i> LAST	MI <i>L</i> SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <i>505 Highwood TR. Ft. Worth, TX 76112</i>		<div style="border: 2px solid black; border-radius: 50%; padding: 10px; width: 150px; margin: 0 auto;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="text-align: center; margin: 0;">Date Received <i>JAN 18 2011</i></p> <p style="text-align: center; margin: 0;">RECEIVED</p> <p style="text-align: center; margin: 0;">JAN 18 2011</p> <p style="text-align: center; margin: 0;">Date Hand-deli... CITY SECRETARY</p> <p style="text-align: center; margin: 0;">Receipt Amount</p> <p style="text-align: center; margin: 0;">Date Processed</p> <p style="text-align: center; margin: 0;">Date Imaged</p> </div>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(817)</i>	PHONE NUMBER <i>446.7311</i>		EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>MR</i> NICKNAME	FIRST <i>John</i> LAST		MI <i>D</i> SUFFIX
7 CAMPAIGN TREASURER ADDRESS <small>(residence or business)</small>	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <i>829 Firewheel TR. Ft. Worth, TX 76112</i>			
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(817)</i>	PHONE NUMBER <i>457.3338</i>	EXTENSION	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>7 / 15 / 2010</i> <i>THROUGH</i> <i>1 / 15 / 2011</i>			
11 ELECTION	ELECTION DATE Month Day Year <i>5 / 14 2011</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <i>Fort Worth City Councilmember D4</i>	13 OFFICE SOUGHT (if known) <i>FW City Councilmember District 4</i>		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> 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				

OFFICIAL RECORD

CITY SECRETARY

FT. WORTH, TEX.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 of 3	
2 FILER NAME Daniel L. Searth		3 ACCOUNT # (Ethics Commission Filers)	
4 Date August 16, 2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HR PEROT	7 Amount of contribution (\$) 500 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Box 269014 Plano, TX 75026		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/16/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eddie & Betty Robinson Contributor address; City; State; Zip Code 6104 Cholla Ft. Worth, TX 76112	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/16/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Justin & Arlene Ormsby Contributor address; City; State; Zip Code 6000 Cholla Fort Worth, TX 76112	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/16/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vernell Sturns Contributor address; City; State; Zip Code 6012 Highwoods TR. Fort Worth, TX 76112	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/16/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) J. Michael & Margaret Craddock Contributor address; City; State; Zip Code 4909 Dexter Ave Ft. Worth, TX 76107	Amount of contribution (\$) 35 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 of 3	
2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/16/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert P. Riley	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4117 Walnut Creek Ct. Ft. Worth, TX 76137		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8/16/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holt Hickman	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5800 Merryman Rd. Fort Worth, TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/16/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) G. Malcom Hauden	Amount of contribution (\$) 1,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 500 West 7th St. Unit 27, Ste 1007 Fort Worth, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/16/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howe Sue Seoma	Amount of contribution (\$) 25⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3974 Witten Dr. Colleyville, TX 76034		(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)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 of 3	
2 FILER NAME Deniel L. Scarth		3 ACCOUNT# (Ethics Commission Filers)	
4 Date November 19, 2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marsha Sonnenburg	7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6150 Silverleaf Ct. 76112 Fort Worth, TX 76112		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/17/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herbert F. Mulligan	Amount of contribution (\$) 150⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 509 Highwoods Trail Fort Worth, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/19/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Firefighters Committee	Amount of contribution (\$) 5,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code For Responsible Government 3855 Jalsa Way Fort Worth, TX 76107		(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)	
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)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 3	2 FILER NAME Daniel L. Scarth	3 ACCOUNT # (Ethics Commission Filers)
-------------------------------------	----------------------------------	--

4 Date 7/26/10	5 Payee name Woodhaven Country Club
-------------------	--

6 Amount (\$) 387.94	7 Payee address; City; State; Zip Code 913 Country Club Lane Fort Worth, TX 76112
-------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Constituent Meetings	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	--	---

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

Date 8/26/10	Payee name Woodhaven Country Club
-----------------	--------------------------------------

Amount (\$) 203.65	Payee address; City; State; Zip Code 913 Country Club Lane Fort Worth, TX 76112
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Constituent Meetings	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Date 9/27/10	Payee name Woodhaven Country Club
-----------------	--------------------------------------

Amount (\$) 390.00	Payee address; City; State; Zip Code 913 Country Club Lane Ft. Worth, TX 76112
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Constituent Meetings	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Date 10/25/10	Payee name Woodhaven Country Club
------------------	--------------------------------------

Amount (\$) 327.59	Payee address; City; State; Zip Code 913 Country Club Lane Ft. Worth, TX 76112
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Constituent Meetings	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 3	2 FILER NAME Daniel L. Scarth	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/01/10	5 Payee name Woodhaven Country Club	
6 Amount (\$) 113 ⁸³	7 Payee address; City; State; Zip Code 913 Country Club Lane Ft. Worth, TX 76112	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 12/27/10	Payee name Woodhaven Country Club	
Amount (\$) 137 ⁴⁰	Payee address; City; State; Zip Code 913 Country Club Lane Ft. Worth, TX 76112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 10/9/10	Payee name The ALS Association, North Texas Chapter	
Amount (\$) 100 ⁰⁰	Payee address; City; State; Zip Code 1231 Greenway Drive, Ste 270 Irving, TX 75038	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 10/22/10	Payee name Sergio De Leon Campaign	
Amount (\$) 50 ⁰⁰	Payee address; City; State; Zip Code 4521 DIAZ Forth Worth, TX 76107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 3	2 FILER NAME Daniel L. Searth	3 ACCOUNT # (Ethics Commission Filers)
--	---	---

4 Date 7/15/10	5 Payee name Woodhaven Country Club
--------------------------	---

6 Amount (\$) 1455.28	7 Payee address; City; State; Zip Code 913 Country Club Lane Ft. Worth, TX 76112
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Campaign Fundraiser	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 10/19/10	Payee name Potter's House
------------------	------------------------------

Amount (\$) 50.00	Payee address; City; State; Zip Code Woodhaven Blvd @ Bridge Street Fort Worth, TX 76112
----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	---	--

Complete <u>ONLY</u> 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	---	--

Complete <u>ONLY</u> 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

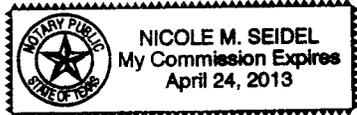
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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)	\$ 7,860 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 3215 ⁹⁹
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 54,762 ¹⁵
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.



D L Scarth
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel Scarth, this the 18th day of January 2011, to certify which, witness my hand and seal of office.

Nicole M Seidel Nicole M. Seidel Asst. to the City Sec.
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath