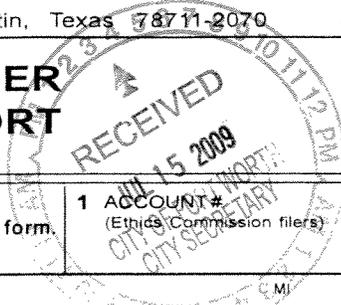


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1



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

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

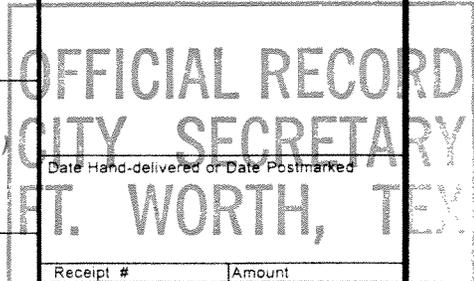
MS / MRS / MR NICKNAME FIRST LAST MI SUFFIX
MR. Daniel L
Danny Scarth

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
505 Highwoods Tr. Ft. Worth, TX 76112
 Change of Address



Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 446.7311

Receipt # Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR NICKNAME FIRST LAST MI SUFFIX
MR. John 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 Ft. Worth, TX 76112

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 457.3338

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
5 / 02 / 09 THROUGH 7 / 07 / 09

11 ELECTION

ELECTION DATE: Month Day Year
5 / 9 / 09
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
City Council District 4

13 OFFICE SOUGHT (if known)

City Council District 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

N/A

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 _____ 16 ACCOUNT # (Ethics Commission Filers) _____

17 NOTICE FROM POLITICAL COMMITTEE(S)

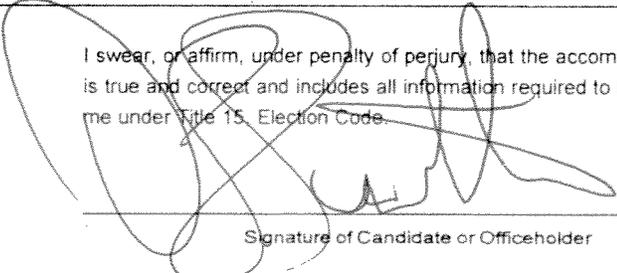
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required 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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4,800⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>340⁰⁰</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>20,887⁴³</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>42,555⁸³</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Danny Scarth, this the 15 day of July, 2009, to certify which, witness my hand and seal of office.

Ronald P. Gonzales
Signature of officer administering oath

Ronald P. Gonzales
Printed name of officer administering oath

Notary
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
1 of 3

2 FILER NAME

Daniel L. Scarth

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/8/09

5 Full name of contributor out-of-state PAC (ID# _____)

MR & MRS Harry Brewer

6 Contributor address; City; State; Zip Code

708 Oakmont
Ft. Worth, TX 76112

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5/8/2009

Full name of contributor out-of-state PAC (ID# _____)

MRS. Martha Leonard

Contributor address; City; State; Zip Code

1411 Shady Oaks Ln
Ft. Worth, TX

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/8/2009

Full name of contributor out-of-state PAC (ID# _____)

CASH America PAC

Contributor address; City; State; Zip Code

1800 W. 7th St.
Ft. Worth, TX

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/8/2009

Full name of contributor out-of-state PAC (ID# _____)

Chesapeake Energy for Texans PAC

Contributor address; City; State; Zip Code

P.O. Box 916
Ft. Worth, TX

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/8/2009

Full name of contributor out-of-state PAC (ID# _____)

Edward P. Bass

Contributor address; City; State; Zip Code

201 Main St.
Ft. Worth, TX 76102

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
2 of 3

2 FILER NAME
Daniel L. Seath

3 ACCOUNT # (Ethics Commission filers)

4 Date
5/21/09

5 Full name of contributor out-of-state PAC (ID# _____)
MRS. Judy Needham

7 Amount of contribution (\$) **\$50⁰⁰**

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code
**5828 Collinwood Ave.
Ft. Worth, TX**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
5/21/09

Full name of contributor out-of-state PAC (ID# _____)
MRS. Peggy Schocker

Amount of contribution (\$) **\$1,000⁰⁰**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
**805 Oakmont Ln
Ft. Worth, TX 72112**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/21/09

Full name of contributor out-of-state PAC (ID# _____)
MR. KARL KOMATSU

Amount of contribution (\$) **\$250⁰⁰**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
**3905 Lennox Rd.
Ft. Worth, TX**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/21/09

Full name of contributor out-of-state PAC (ID# _____)
XTO Energy PAC

Amount of contribution (\$) **\$500⁰⁰**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
**810 Houston St.
Ft. Worth, TX 76102**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/21/09

Full name of contributor out-of-state PAC (ID# _____)
MR. BEN FORTSON

Amount of contribution (\$) **\$250⁰⁰**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
**301 Commerce St
Ft. Worth, TX 76102**

(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>3 of 3</i>	
2 FILER NAME <i>Daniel L. Scurth</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5/12/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Fort Worth Fire Fighters</i>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <i>168 ⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>Retta Rd Ft. Worth, TX 761</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/15/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Fort Worth Fire Fighters</i>	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>1104 ⁴²</i>
Contributor address; City; State; Zip Code <i>Retta Road Ft. Worth, TX 761</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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 FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.			1 Total pages this Schedule B:		
2 FILER NAME			3 ACCOUNT # (Ethics Commission filers)		
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨				\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)		8 Amount of pledge (\$)	9 In-kind description (if applicable)	
7 Pledgor address: City: State: Zip Code			(If travel outside of Texas, complete Schedule T)		
10 Principal occupation / Job title (See Instructions)			11 Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor 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 FORM AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
31 of 60

2 FILER NAME

Daniel L. Scarth

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

05/04/09

Global Mail

4,852⁰⁰

6 Payee address; City; State; Zip Code

1162 Country Club Ln.
Ft. Worth, TX 76112

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

Printing Mailing
(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 (\$)

05/04/09

Painter Communications

1925¹⁰

Payee address; City; State; Zip Code

309 Washington St.
Conshohocken, PA 19428

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

Telemarketing
(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 (\$)

05/04/09

Sal. Espino Campaign

200⁰⁰

Payee address; City; State; Zip Code

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

Political Contribution
(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 (\$)

5/4/09

Kroger

120³⁶

Payee address; City; State; Zip Code

1050 Bridge St.
Ft. Worth, TX 76112

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

Victory Party Supplies
(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 6

2 FILER NAME

Daniel L. Searth

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

05/04/09

Pizza Hut

50⁹⁰

6 Payee address; City; State; Zip Code

Ft. Worth TX

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

Food for Campaign Workers
(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 (\$)

05/05/09

Sam's Club

449⁹⁴

Payee address; City; State; Zip Code

Anderson Blvd.
Ft. Worth, TX 76120

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

Campaign
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 (\$)

~~5/16/09~~

~~Payee address; City; State; Zip Code~~

~~111~~ ~~71~~

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

Campaign
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

Payee name

Amount (\$)

5/02/09

American Legion

255⁵⁵

Payee address; City; State; Zip Code

Manhattan Blvd.
Ft. Worth, TX 76120

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

Early Election Break
Past
(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:

384

2 FILER NAME

Daniel L. Scarth

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5/6/09

KROGER

95⁸⁸

6 Payee address: City: State: Zip Code

1050 Bridge St.
Ft Worth, TX 76112

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

Supplies/ food - Victory Party
(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 (\$)

5/7/09

Sam's Club

161³³

Payee address: City: State: Zip Code

Anderson Blvd.
Ft. Worth, TX 76120

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

Campaign 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

Payee name

Amount (\$)

5/8/09

Gloria's Restraunt

112¹³

Payee address: City: State: Zip Code

7th street
Ft. Worth, TX

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

Election day strategy session
(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 (\$)

5/9/09

Taylor's Rental

698²¹

Payee address: City: State: Zip Code

Ft. Worth, TX

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

Tent, Tables, Chairs
(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 6

2 FILER NAME

Daniel L. Scarth

3 ACCOUNT# (Ethics Commission filers)

4 Date

5/9/09

5 Payee name

Albertson's

6 Payee address; City; State; Zip Code

Ft. Worth, TX 76112

7 Amount (\$)

547²⁴

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

Victory Party
Food, 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

5/9/09

Payee name

Albertson's

Payee address; City; State; Zip Code

Ft. Worth, TX 76112

Amount (\$)

107⁴⁶

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

Victory Party Balloons
& Decorations
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

5/9/09

Payee name

Albertsons

Payee address; City; State; Zip Code

Ft. Worth, TX 76112

Amount (\$)

56⁷¹

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

Victory Party
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

5/9/09

Payee name

Kroger

Payee address; City; State; Zip Code

Ft. Worth, TX 76112

Amount (\$)

91⁹⁸

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

Victory Party
supplies
(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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code		10 Interest rate
			11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor		18 Amount Guaranteed (\$)
17 Guarantor address; City; State; Zip Code			
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code		Interest rate
			Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code			
Principal Occupation		Employer	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:
5 off

2 FILER NAME Daniel L. Scarth 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>5/9/09</u>	5 Payee name <u>Taylor's Rental</u> 6 Payee address; City: State: Zip Code <u>FtWorth, TX</u>	7 Amount (\$) <u>47⁶³</u>
-------------------------	--	---

8 Purpose of payment (See instructions regarding type of information required.) <u>Delivery Fee for Party Supplies</u> (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 <u>5/9/09</u>	Payee name <u>Combined Arts Media</u> Payee address; City: State: Zip Code <u>720 Oakwood TR. Ft. Worth, TX 76112</u>	Amount (\$) <u>250⁰⁰</u>
-----------------------	--	--

Purpose of payment (See instructions regarding type of information required.) <u>Graphics Work</u> (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 <u>5/9/09</u>	Payee name <u>MSB</u> Payee address; City: State: Zip Code <u>Ft. Worth, TX 76112</u>	Amount (\$) <u>500⁰⁰</u>
-----------------------	--	--

Purpose of payment (See instructions regarding type of information required.) <u>Band/Entertainment for Campaign Victory Party</u> (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 <u>5/2/09</u>	Payee name <u>Painter Communications</u> Payee address; City: State: Zip Code <u>309 Washington St. Conshohocken, PA 19428</u>	Amount (\$) <u>300⁰⁰</u>
-----------------------	---	--

Purpose of payment (See instructions regarding type of information required.) <u>Telemarketing</u> (If travel outside of Texas, complete Schedule T)	9 ** 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:

6 of 6

2 FILER NAME

Daniel L. Scarth

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/28/09

5 Payee name

Global Mail

7 Amount (\$)

6985⁴⁴

6 Payee address; City; State; Zip Code

1162 Country Club Ln.
Ft. Worth, TX 76112

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

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

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

Candidate / Officeholder name Office sought Office held

Date

\$

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

