

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

JUL 15 2010

The C/OH Instruction Guide explains how to complete this form.		1. ACCOUNT # (Ethics Commission Filers)	2. Total pages filed: 25	
3. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Daniel L. LAST	MI Searth SUFFIX	
4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 505 Highwoods Fort Worth, TX 76112		OFFICIAL RECORD CITY SECRETARY FT WORTH, TEX	
5. CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 446.7311		EXTENSION
6. CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST John D. LAST		MI Burge SUFFIX
7. CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE 829 Firewheel Trail Fort Worth, TX 76112			
8. CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 457.3338	EXTENSION	
9. REPORT TYPE	<input 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 checked="" 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 1 / 15 / 10 7 / 15 / 10			
11. ELECTION	ELECTION DATE Month Day Year 5 / 11		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) Fort Worth City Council District 4		13. OFFICE SOUGHT (if known) Fort Worth 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.			
<input type="checkbox"/> 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)

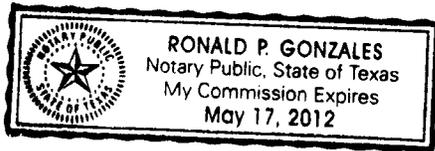
17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL 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>215⁰⁰</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>16750⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>8080⁹⁶</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>5018¹⁴</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 25, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel L. Scarth, this the 5th day of July, 20 10, to certify which, witness my hand and seal of office.

[Signature]
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: <i>1 of 15</i>	
2 FILER NAME <i>Daniel L. Scarth</i>		3 ACCOUNT# (Ethics Commission Filers)	
4 Date <i>6/20/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Barney R. Holland Jr.</i>	7 Amount of contribution (\$) <i>1,000⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>509 Eastwood Ave. FW, TX 76107</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>6/18/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Michael K. Berry</i>	Amount of contribution (\$) <i>1,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6217 Genoa Rd. FW, TX 76116</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/13/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Fort Worth Retired Fire Fighters</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1617 Tierney Rd. FW, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/16/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>James Lemons</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5850 Woodrill Ct. FW, TX, 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/18/2010</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>L. Russell Laughlin</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3717 Fox Hollow FW, TX 76109</i>		(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:

2 of 15

2 FILER NAME

Daniel L. Scarth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/13/2010

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

Mac Churchill

6 Contributor address; City; State; Zip Code

3125 NE Loop 826 FW, TX
76137

7 Amount of contribution (\$)

500⁰⁰

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

6/21/2010

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

Sandra McBlotthin

Contributor address; City; State; Zip Code

5301 Sun Valley DR, FW, TX
76119

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/22/2010

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

Reed Pigman Jr.

Contributor address; City; State; Zip Code

200 Texas Way, FW, TX
76106

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/17/2010

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

Robert Treutt

Contributor address; City; State; Zip Code

5713 Oakmont, FW, TX
76112

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/15/2010

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

Frees and Nichols PAC

Contributor address; City; State; Zip Code

4055 International Plaza, FW, TX
76109

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(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 15

2 FILER NAME

Daniel L. Scarth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/16/2010

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

James R. Dunaway

6 Contributor address; City; State; Zip Code

777 Taylor St., FW, TX 76102

7 Amount of contribution (\$)

250⁰⁰

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

6/18/2010

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

John V. Roach II

Contributor address; City; State; Zip Code

2805 Alton Rd., FW, TX
76109

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/16/2010

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

Randy Gideon

Contributor address; City; State; Zip Code

3812 Monticello, FW, TX
76107

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/19/2010

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

William D. Greenhill

Contributor address; City; State; Zip Code

1608 Ashland Ave. FW, TX
76107

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/14/2010

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

William W. Meadows

Contributor address; City; State; Zip Code

3904 Hamilton Ave. FW, TX
76

Amount of contribution (\$)

100⁰⁰

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 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: 4 of 15	
2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/23/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dale Scarth	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 212 Lace Lane, Burleson, TX 76028		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/22/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norris D. Fletcher	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5441 Navajo, FW, TX 76137		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/15/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) R. Craig Overcash	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 200 Falcon Ridge, Aledo, 76008		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/24/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) R. H. Cdeman	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2400 Handley-Ederville, FW, TX 76118		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/24/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim & Gloria Austin	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2017 Teakwood Trace, FW, TX 76112		(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 15	
2 FILER NAME Daniel L. Scarth		3 ACCOUNT# (Ethics Commission Filers)	
4 Date 6/23/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wanda V. Hanham 6 Contributor address; City; State; Zip Code 5611 Boca Raton Blvd, FW, TX 76112	7 Amount of contribution (\$) 25⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/23/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard & Mary Ann Tyler Contributor address; City; State; Zip Code 1921 Shelman Trl, FW, TX 76112	Amount of contribution (\$) 125⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/23/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James R. Humphrey Contributor address; City; State; Zip Code PO Box 24131 FW, TX 76124	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/25/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Virginia Ward Contributor address; City; State; Zip Code 5704 Meadow Wood Ln. FW, TX 76112	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/23/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe & Mary Ann Epps Contributor address; City; State; Zip Code 628 Firewheel, FW, TX 76112	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>6 of 15</i>	
2 FILER NAME <i>Daniel L. Scarth</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6/23/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Gary Terry</i>	7 Amount of contribution (\$) <i>50⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>117 Shady Lake Ct, Hurst, TX 76054</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>6/23/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Stuart Hepburn</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>704 Havenwood Lane S., FW, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/23/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Arnold Gachman</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1229 Shady Oaks Ln, FW, TX 76107</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/23/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jim Schell</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>901 FW Club Bldg, FW, TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/22/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bob Bolen</i>	Amount of contribution (\$) <i>200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4213 Candlewind Ln., FW, TX 76133</i>		(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
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7 of 15	
2 FILER NAME Daniel L Scarth		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/25/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard & Judith Hintz	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6154 Foxglove Ct., FW, TX 76112		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/23/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. & Mr. Jim Patterson	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 809 Scarlett Sage, FW, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/25/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott & Annette Keller	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6151 High Woods Ct., FW, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/24/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim & Beverly Wyatt	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 921 High Woods Ct., FW, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/25/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crawford Edwards	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4200 S. Helen, FW, TX 76109		(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: 8 of 15	
2 FILER NAME Daniel J. Searth		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/24/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Don Boren & Wanda Conlin	7 Amount of contribution (\$) 50⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1755 Martel Ave, FW, TX 76103		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/26/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jay & Beverly Hester	Amount of contribution (\$) 125⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 24296, FW, TX 76124		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/26/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ed & Mitzi Stout	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5609 Oakmont Lane, FW, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/25/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John & Sandi Ross	Amount of contribution (\$) 125⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 716 Oakwood TR., FW, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/26/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vicki & Gino Zangara	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5804 Havenwood Ct., FW, TX 76112		(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: 9 of 15	
2 FILER NAME Daniel L. Searth		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/22/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Don Hansen	7 Amount of contribution (\$) 2000⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4201 Main Street, FW, TX Ste. 119 76106		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/26/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roy "Bud" Coleman & Kendra Coleman	Amount of contribution (\$) 25⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 201 Silverleaf, FW, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/27/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MR. John Stevenson	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1207 Hillcrest, FW, TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/28/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John & Loretta Skridge	Amount of contribution (\$) 150⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8154 Westwind Ct, N. Richland Hills, FW, TX 76180		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/28/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rhondoro Perez	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5908 SENDOTRAIL, FW, TX 76112		(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>102/15</i>	
2 FILER NAME <i>Daniel L. Scarth</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6/28/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Scott & Dana Hinzman</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>505 Oak Hollow Ln., FW, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>7/1/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Tonya S. Veasey</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 11296, FW, TX 76110</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/30/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Thomas A. Reddick</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>721 Oakwood Tr., FW, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/30/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Alyce Boyd</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7248 Ellis Rd., FW, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/30/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Doug & Maury Cury</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>304 Oakmont Ln., FW, 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 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: <i>11 of 15</i>	
2 FILER NAME <i>Daniel L. Scarth</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6/30/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Marilyn & Ken Kerwin</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>832 Havenwood, 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>6/30/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kenneth BARR</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3101 Avondale, FW, TX 76109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/30/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Linda & Tom Unterberger</i>	Amount of contribution (\$) <i>150⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>600 High Woods Trail, FW, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/28/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>James & Nancy Smotherman</i>	Amount of contribution (\$) <i>25⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1952 Blue Bird Ave., FW, TX 76111</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>6/30/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Max & Milly Taylor</i>	Amount of contribution (\$) <i>275⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7609 Lowery Rd., FW, TX 76120</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:

12 of 15

2 FILER NAME

Daniel L. Scarth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/30/10

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

David & Dot Breithing

6 Contributor address; City; State; Zip Code

7332 Ellis Rd., FW, TX 76112

7 Amount of contribution (\$)

100⁰⁰

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

6/30/10

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

Charles & Elaine Edmonds

Contributor address; City; State; Zip Code

721 Green River Trl., FW, TX, 76103

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/30/10

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

Sal Espino Campaign

Contributor address; City; State; Zip Code

3009 Race St., FW, TX 76114

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/30/10

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

Alex & Maryellen Jimenez

Contributor address; City; State; Zip Code

245 Willow Ridge, FW, TX 76103

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/24/10

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

Gary & Dawn Johansen

Contributor address; City; State; Zip Code

6112 Cholla, FW, TX 76112

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

(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: 130/15	
2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/30/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MR. & MRS. Gino Zangara	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5804 Hawenwood Ct., FW, TX 76112		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/2/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) T. J. Harris	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8040 HARRIS DR., N. Richland Hills, 76180		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/30/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gary Reeder	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 8237, FW, TX 76124		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/30/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lou & Sue Seoma	Amount of contribution (\$) 500⁰⁰	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 7/2/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jan Feersing	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3800 Railroad Ln., FW, TX 76109		(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>14 of 15</i>	
2 FILER NAME <i>Daniel L. Scarth</i>		3 ACCOUNT# (Ethics Commission Filers)	
4 Date <i>7/1/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mr & Mrs. Jerry Barton</i>	7 Amount of contribution (\$) <i>1,000⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3512 Stone Creek Ln, FW, TX 76137</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>7/2/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ken & Carla Newell</i>	Amount of contribution (\$) <i>1,000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6000 Lantana Ct., FW TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/2/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>William Stephens</i>	Amount of contribution (\$) <i>25⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2004 Mims St., FW, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/2/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Thomas Lackey</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>301 Havenwood Ln, FW, TX 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/2/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Rice Tilley</i>	Amount of contribution (\$) <i>50⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>201 Main St., Ste 2200, FW, 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: 15 of 15	
2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/2/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: C. H. Petey Murtaugh	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 709 Putter DR., FW, TX 76112		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/2/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mrs. Bennie Dickens	Amount of contribution (\$) 25⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6004 Elliot Reeler Rd., FW, TX 76117		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/2/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dennis & Brenda Wise	Amount of contribution (\$) 25⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1412 Carson St. FW, TX 76117		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/2/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Drs. Max & Susan Mitchell	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2200 Smith Barry Rd, Ste. 150, Arlington, TX 76108		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/2/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Andrew & Kelsey Delatorre	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 910 Houston, unit 504, FW, TX 76102		(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

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 8	2 FILER NAME Daniel L. Scarth	3 ACCOUNT # (Ethics Commission Filers)
--	---	---

4 Date 1/22/10	5 Payee name Woodhaven Country Club
--------------------------	---

6 Amount (\$) 83 ⁵⁴	7 Payee address: City: State: Zip Code 913 Country Club Lane FW, TX 76112
--	--

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

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

Date 1/23/10	Payee name Bob's Steak & Chop House
-----------------	--

Amount (\$) 53 ⁶⁹	Payee address: City: State: Zip Code 1300 Houston St FW, TX 76102
---------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Meeting with Councilmember
-------------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/26/10	Payee name Paris Coffee Shop
-----------------	---------------------------------

Amount (\$) 29 ⁰⁴	Payee address: City: State: Zip Code 704 West Magnolia Avenue FW, TX 76104
---------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Meeting with Constituents
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/4/10	Payee name Urban Land Institute, Washington, DC
----------------	--

Amount (\$) 40 ⁰⁰	Payee address: City: State: Zip Code Online purchase of ticket for meeting
---------------------------------	---

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 8	2 FILER NAME: Daniel L. Scarth	3 ACCOUNT # (Ethics Commission Filers)
--	--	---

4 Date: 1/27/10	5 Payee name: Constant Contact
---------------------------	--

6 Amount (\$): 2125	7 Payee address; City; State; Zip Code: Online purchase
-------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Email Service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3/1/10	Payee name Constant Contact
-----------------------	---------------------------------------

Amount (\$) 2125	Payee address; City; State; Zip Code Online Purchase
----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising expense	Description (If travel outside of Texas, complete Schedule T) Email Service
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3/15/10	Payee name Register.Com
------------------------	-----------------------------------

Amount (\$) 1100	Payee address; City; State; Zip Code Online Purchase
----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Web address
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2/11/10	Payee name Sam's Club
------------------------	---------------------------------

Amount (\$) Leb 83	Payee address; City; State; Zip Code 8351 Anderson Blvd. FW, TX 76120
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Office Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 8	2 FILER NAME Daniel L. Scarth	3 ACCOUNT # (Ethics Commission Filers)
--	---	---

4 Date 2/24/10	5 Payee name Woodhaven Country Club
--------------------------	---

6 Amount (\$) 80.51	7 Payee address; City; State; Zip Code 913 Country Club Lane FW, TX 76112
-------------------------------	--

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/8/10	Payee name Cocharel Restaurant
----------------	-----------------------------------

Amount (\$) 113.88	Payee address; City; State; Zip Code 2300 Lamar Blvd Arlington, TX
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Dinner w/assistant secretary of HUD
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/10/10	Payee name American Airlines
-----------------	---------------------------------

Amount (\$) 133.70	Payee address; City; State; Zip Code Internet Purchase
-----------------------	---

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/13/10	Payee name Murphy's of DC
-----------------	------------------------------

Amount (\$) 121.48	Payee address; City; State; Zip Code Washington, DC.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel/Food/Beverage	Description (If travel outside of Texas, complete Schedule T) CM Moss & CM Jordan
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 48/8	2 FILER NAME Daniel L. Scarth	3 ACCOUNT # (Ethics Commission Filers)
--	---	---

4 Date 3/22/10	5 Payee name Sam's Club
--------------------------	-----------------------------------

6 Amount (\$) 4044	7 Payee address; City; State; Zip Code 8351 Anderson Blvd. FW, TX 76120
------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) Office Supplies
---------------------------------	--	--

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

Date 3/22/10	Payee name Office Depot
-----------------	----------------------------

Amount (\$) 3246	Payee address; City; State; Zip Code 1600 East Chase Parkway Ftw, TX 76120
---------------------	--

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/1/10	Payee name Constant Contact
----------------	--------------------------------

Amount (\$) 2125	Payee address; City; State; Zip Code Online Purchase
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) Email Service
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/1/10	Payee name Constant Contact
----------------	--------------------------------

Amount (\$) 2125	Payee address; City; State; Zip Code Online Purchase
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) Email Service
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 5 of 8	2 FILER NAME Daniel L. Scarth	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/7/10	5 Payee name Renaissance Worthington	
6 Amount (\$) 43 ⁰⁰	7 Payee address; City; State; Zip Code 200 Main Street FW, TX 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Hispanic Chamber of Commerce event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 5/7/10	Payee name Woodhaver Country Club	
Amount (\$) 77 ⁹²	Payee address; City; State; Zip Code 913 Country Club lane FW, TX 76112	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Constituent Meetings
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 5/3/10	Payee name Mambo's Tapas Cantino	
Amount (\$) 25 ⁸⁴	Payee address; City; State; Zip Code 1010 Houston Street FW, TX 76102	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Lunch City Staff
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 6/1/10	Payee name Constant Contact	
Amount (\$) 21 ²⁵	Payee address; City; State; Zip Code Online Purchase	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) Email Service
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

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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: 6 of 8	2 FILER NAME Daniel L. Scarth	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6/28/10	5 Payee name Murphy Turner	
6 Amount (\$) 3500 ⁰⁰	7 Payee address; City; State; Zip Code P.O. Box 296 Austin, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Tobi Jackson Campaign
	Candidate / Officeholder name	Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 6/28/10	Payee name Global Mail	
Amount (\$) 1,564 ⁸³	Payee address; City; State; Zip Code 576 N. Beach St. FW, TX 76112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T) Tobi Jackson Campaign
	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 7/6/10	Payee name Global Mail	
Amount (\$) 848 ²⁰	Payee address; City; State; Zip Code 576 N. Beach St. FW, TX 76112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) Invitations for Fundraiser
	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 7/9/10	Payee name Performing Ads	
Amount (\$) 200 ⁰⁰	Payee address; City; State; Zip Code 720 Oakwood TR, Ft. Worth, TX 76112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Web Hosting
	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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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: 7 of 8		2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/13/10		5 Payee name Score A Goal in the Classroom			
6 Amount (\$) 250 ⁰⁰		7 Payee address; City; State; Zip Code 819 Penn FW, TX 76102			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contribution/Donation		(b) Description (If travel outside of Texas, complete Schedule T) Donation	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/30/10		Payee name Albertson's			
Amount (\$) 6444		Payee address; City; State; Zip Code 850 East Loop 820 FW, TX 76112			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Food for Fundraiser	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/28/10		Payee name Garden Ridge North Richland Hills			
Amount (\$) 1830		Payee address; City; State; Zip Code 8651 Airport Freeway North Richland Hills, TX 76180			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Supplies for fundraiser	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/29/10		Payee name Home Depot			
Amount (\$) 3994		Payee address; City; State; Zip Code 1151 Bridgewood Drive FW, TX 76112			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Supplies for fundraiser	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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: 8 of 8	2 FILER NAME Daniel L. Scarth	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6/30/10	5 Payee name Michaels	
6 Amount (\$) 23 ⁷³	7 Payee address; City; State; Zip Code 846 North East Mall Blvd. Hurst, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Supplies for fundraiser
	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 7/1/10	Payee name Woodhaven Country Club	
Amount (\$) 339 ⁷⁴	Payee address; City; State; Zip Code 913 Country Club Lane FW, TX 76112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Refreshments for fundraiser
	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 7/1/10	Payee name Office Depot	
Amount (\$) 112 ²¹	Payee address; City; State; Zip Code 1600 East Chase Parkway Ft. Worth, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Printing Supplies
	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 4/5/10	Payee name Tobi Jackson Campaign	
Amount (\$) 100 ⁰⁰	Payee address; City; State; Zip Code 2108 Yosemite Ct. FW, TX 76112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution/Donation	Description (If travel outside of Texas, complete Schedule T) Donation
	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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