

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TX**

**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: 9

**3 CANDIDATE / OFFICEHOLDER NAME**

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

**OFFICE USE ONLY**

Date Received

**RECEIVED JAN 16 2014**

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
505 Highwood St, Fort Worth TX 76112

Date Hand-delivered or Postmarked

Receipt # Amount

**5 CANDIDATE / OFFICEHOLDER PHONE**

AREA CODE PHONE NUMBER EXTENSION  
817 446-7311

Date Processed

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR MR FIRST John MI D.  
NICKNAME BURKE LAST SUFFIX

Date Imaged

**7 CAMPAIGN TREASURER ADDRESS (residence or business)**

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE  
829 Birchwood Ct. Fort 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 7 / 15 / 13 THROUGH Month Day Year 1 / 15 / 14

**11 ELECTION**

ELECTION DATE Month Day Year  / / ELECTION TYPE  
 Primary  Runoff  General  Special

**12 OFFICE**

OFFICE HELD (if any)  
City Council Fort Worth D. 4

**13 OFFICE SOUGHT (if known)**

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME Danny Scarth 15 ACCOUNT # (Ethics Commission Filers)

16 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

17 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)	\$ 750.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 525.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3786.01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9389.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

18 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]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel L. Scarth, this the 16th day of January, 2014, 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: <u>1</u>	
2 FILER NAME <u>Danny Scarth</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>8-2-13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Holt Hickman</u>	7 Amount of contribution (\$) <u>250.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>5800 Mountain Rd, Ft Worth, TX 76107</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Investor</u>		10 Employer (See Instructions)	
Date <u>11-7-13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Hammer &amp; Nails Club</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2001 Blvd. 26 NRH, TX 76120</u>		(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 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: 6	2 FILER NAME Danny Scarth	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7-18-13	5 Payee name Austin Co.
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6 Amount (\$) 190.00	7 Payee address; City; State; Zip Code 2401 Scott Ave. Fort Worth TX 76103
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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) Fundraiser for Candidate
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Tobi Jackson	Office sought School Board (WISD)

Date 7-29-13	Payee name Best Buy
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Amount (\$) 248.96	Payee address; City; State; Zip Code Hurst TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Printing Office Supp.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 7-19-13	Payee name Olen Jacks
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Amount (\$) 50.00	Payee address; City; State; Zip Code 770 Road to Sixways, Arlington TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Award Exp.	Description (If travel outside of Texas, complete Schedule T) Gift certificate work
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 7-30-13	Payee name Dogs Safari Cigar + Wine
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Amount (\$) 312.43	Payee address; City; State; Zip Code 2929 Montoni St. Fort Worth TX 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Food + Beverage Exp.
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: <b>6</b>		2 FILER NAME <b>Danny Scarth</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8-2-13</b>		5 Payee name <b>Susan Jackson</b>			
6 Amount (\$) <b>180.00</b>		7 Payee address; City; State; Zip Code <b>505 Hishwood St Fort Worth TX 76112</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Contract Labor</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Campaign Admin</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8-7-13</b>		Payee name <b>Bobs Steak + Chop house</b>			
Amount (\$) <b>130.00</b>		Payee address; City; State; Zip Code <b>1300 Houston St. Fort Worth TX 76102</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food + Beverage</b>		Description (If travel outside of Texas, complete Schedule T) <b>Meets w/ El Paso staff</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8-21-13</b>		Payee name <b>Shaw's Patio Bar</b>			
Amount (\$) <b>46.26</b>		Payee address; City; State; Zip Code <b>1051 West Magnolia Fort Worth TX 76104</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food + Beverage</b>		Description (If travel outside of Texas, complete Schedule T) <b>Constituent Meetg</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>8-26-13</b>		Payee name <b>Reata Fort Worth</b>			
Amount (\$) <b>33.98</b>		Payee address; City; State; Zip Code <b>310 Houston St. Fort Worth TX 76102</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food + Beverage</b>		Description (If travel outside of Texas, complete Schedule T) <b>Political Meets</b>	
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: 6	2 FILER NAME Danny Scarth	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8-27-13	5 Payee name YMCA Capital Campaign	
6 Amount (\$) 100	7 Payee address; City; State; Zip Code 512 Lamar Street North TX 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation	(b) Description (If travel outside of Texas, complete Schedule T) Capital Campaign
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8-27-13	Payee name Eastside Scholarship Fund	
Amount (\$) 1000.00	Payee address; City; State; Zip Code N/A	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Scholarships
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9-19-13	Payee name Academy Sports + Outdoors	
Amount (\$) 188.77	Payee address; City; State; Zip Code 5836 Nitarrant Pkwy Fort Worth TX 76137	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Eastside Golf Tour
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9-24-13	Payee name Carter Riverside Alumni Assoc	
Amount (\$) 100.00	Payee address; City; State; Zip Code 3301 Yucca Ave North TX 76111	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Annual fund
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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6	2 FILER NAME Darryl South	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9-30-13	5 Payee name Mulholland's	
6 Amount (\$) 67.66	7 Payee address; City; State; Zip Code 1332 Main St Fort Worth TX 76164	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event	(b) Description (If travel outside of Texas, complete Schedule T) shirts for tournament
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 9-30-13	Payee name Cast Iron Fort Worth	
Amount (\$) 46.17	Payee address; City; State; Zip Code 1300 Houston St. Fort Worth, TX 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food + Beverage	Description (If travel outside of Texas, complete Schedule T) Political Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 10-7-13	Payee name Bob's Steak + Chop House	
Amount (\$) 94.00	Payee address; City; State; Zip Code 1306 Houston St. Fort Worth TX 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food + Beverage	Description (If travel outside of Texas, complete Schedule T) Political Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 10-31-13	Payee name Grace Rest	
Amount (\$) 61.00	Payee address; City; State; Zip Code 777 Main St. Fort Worth, TX 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food + Beverage	Description (If travel outside of Texas, complete Schedule T) Political Meeting
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: <b>6</b>		2 FILER NAME <b>Danny Scauth</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10-25-13</b>		5 Payee name <b>Mercury Chophouse</b>			
6 Amount (\$) <b>25.41</b>		7 Payee address; City; State; Zip Code <b>200 Main St, Fort Worth TX 76102</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Food + Beverage</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Political Meet'g</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>11-25-13</b>		Payee name <b>Grace Restaurant</b>			
Amount (\$) <b>107.32</b>		Payee address; City; State; Zip Code <b>777 Main St, Fort Worth TX 76102</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food + Beverage</b>		Description (If travel outside of Texas, complete Schedule T) <b>Political Meet'g</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>11-27-13</b>		Payee name <b>Fort Worth Sister Cities</b>			
Amount (\$) <b>100.00</b>		Payee address; City; State; Zip Code <b>Old Grove St, Fort Worth TX 76102</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Donation</b>		Description (If travel outside of Texas, complete Schedule T) <b>Mayor's International</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>12-23-13</b>		Payee name <b>Target</b>			
Amount (\$) <b>50.00</b>		Payee address; City; State; Zip Code <b>Hurst, TX</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Donation</b>		Description (If travel outside of Texas, complete Schedule T) <b>Christmas Charmp</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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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: <b>6</b>	2 FILER NAME: <b>Daisy South</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date: <b>1-6-13</b>	5 Payee name: <b>Bob's Steak + Chophouse</b>
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6 Amount (\$): <b>58.00</b>	7 Payee address; City; State; Zip Code: <b>1300 Houston St. Fort Worth, TX 76102</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): <b>Food + Beverage</b>	(b) Description (If travel outside of Texas, complete Schedule T): <b>Political Meeting</b>	
	Candidate / Officeholder name	Office sought	Office held

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: <b>7-15-13</b>	Payee name: <b>Wellstar</b>
Amount (\$): <b>42.00</b>	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <b>Banking</b>	Description (If travel outside of Texas, complete Schedule T): <b>Monthly \$7.00 x 6mo.</b>	
	Candidate / Officeholder name	Office sought	Office held

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

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED