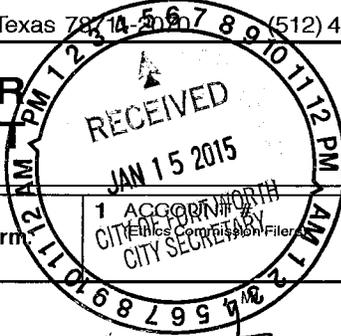


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1



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

2 Total pages filed:

29

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS (MR) FIRST  
 NICKNAME LAST SUFFIX  
 Danny Scarth

**OFFICE USE ONLY**

Date Received

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

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 505 Highwoods Trail Fort Worth, TX 76112

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (817) 446.7311

6 CAMPAIGN TREASURER NAME

MS / MRS (MR) FIRST MI  
 NICKNAME LAST SUFFIX  
 John Burge

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 829 Firewheel 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 THROUGH Month Day Year  
 7 / 16 / 14 THROUGH 1 / 15 / 15

11 ELECTION

ELECTION DATE Year  
 Month Day Year  
 5 / 9 / 15

ELECTION TYPE  
 Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)  
 Fw City Council  
 Distric 4

13 OFFICE SOUGHT (if known)  
 Fw City Council  
 Distric 4

**GO TO PAGE 2**

# 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.

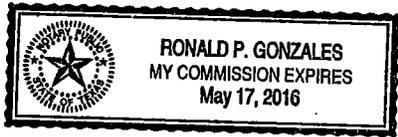
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,076
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 326. <sup>00</sup>
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,718
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 107,250
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

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 15th day of January, 20 15, 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:  
10/10

2 FILER NAME Danny Scarth 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>12/1/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>H alf Associates</u>	7 Amount of contribution (\$) <u>500<sup>00</sup></u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1201 N. Bowser Rd. Richardson, TX 75081</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <u>11/27/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>William D. Greenhill</u>	Amount of contribution (\$) <u>250<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1608 Ashland Ave. Fort Worth, TX 76107</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>11/28/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>James Lemons</u>	Amount of contribution (\$) <u>1000<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5850 Woodrill Ct. Fort Worth, TX 76112</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>12/3/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Edward Falk</u>	Amount of contribution (\$) <u>100<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>604 N. Havenwood Ln Fort Worth, TX 76112</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>12/3/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>J. Gregory Upp</u>	Amount of contribution (\$) <u>100<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6108 Terrace Oaks Ln. Fort Worth, TX 76112</u>		(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 10

2 FILER NAME

Danny Scarth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/1/14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Dee J Kelly Jr.

6 Contributor address; City; State; Zip Code

417 Rivercrest Dr.  
Fort Worth, TX 76107

7 Amount of contribution (\$)

500<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/1/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Arnold Gachman

Contributor address; City; State; Zip Code

1229 Shady Oaks Ln.  
Fort Worth, TX 76107

Amount of contribution (\$)

200<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/3/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Tonya S. Veasey

Contributor address; City; State; Zip Code

P.O. Box 11296  
Fort Worth, TX 76110

Amount of contribution (\$)

250<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/3/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

James I. Wyatt

Contributor address; City; State; Zip Code

921 Highwoods Trl.  
Fort Worth, TX 76112

Amount of contribution (\$)

40<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/3/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Bill T. Mann

Contributor address; City; State; Zip Code

9536 Yolanda Dr.  
Fort Worth, TX 76112

Amount of contribution (\$)

100<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

30/10

2 FILER NAME

Danny Scarth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/3/14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Wanda Conlin

6 Contributor address; City; State; Zip Code

1755 Martel Ave.  
Fort Worth, Tx 76103

7 Amount of contribution (\$)

100<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/3/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Edmund B. Frost

Contributor address; City; State; Zip Code

1701 K Street North West Ste #380  
Washington, D.C. 20006

Amount of contribution (\$)

100<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/3/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Gary M Reeder

Contributor address; City; State; Zip Code

603 Meandering Way  
Colleyville, Tx 76034

Amount of contribution (\$)

500<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/2/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Devoyd Jennings

Contributor address; City; State; Zip Code

4551 Parkwood Dr.  
Forest Hill, Tx 76140

Amount of contribution (\$)

65<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/8/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mr or Mrs Robert R. Truitt

Contributor address; City; State; Zip Code

P.O. Box 24539  
Fort Worth, Tx 76124

Amount of contribution (\$)

250<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4 of 10

2 FILER NAME

Danny Scarth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/10/14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

L. Russell Laughlin

6 Contributor address; City; State; Zip Code

3719 Fox Hollow  
Fort Worth, Tx 76104

7 Amount of contribution (\$)

250<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/1/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

T. J. Harris

Contributor address; City; State; Zip Code

8040 Valley Dr.  
North Richland Hills, Tx 76182

Amount of contribution (\$)

250<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/24/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Freese and Nichols PAC

Contributor address; City; State; Zip Code

4055 International Plaza, ste. 20  
Fort Worth, Tx 76104

Amount of contribution (\$)

250<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/18/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

R. H. Coleman

Contributor address; City; State; Zip Code

2400 Handley - Ederville Rd.  
Fort Worth, Tx 76118

Amount of contribution (\$)

500<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/17/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

William G Rickett

Contributor address; City; State; Zip Code

500 Throckmorton St. Unit 3203  
Fort Worth, Tx 76104

Amount of contribution (\$)

1,000<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5 of 10

2 FILER NAME

Daniel L. Scarth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/2/14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mike A. Myers

6 Contributor address; City; State; Zip Code

6310 Lemmon Avenue  
St. 200  
Dallas TX 75209

7 Amount of contribution (\$)

300<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/26/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

James W. Schell

Contributor address; City; State; Zip Code

901 Fort Worth, TX 76102

Amount of contribution (\$)

500<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/25/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Margaret H. Farlow

Contributor address; City; State; Zip Code

845 Havenwood Lane South  
Ft. W. 76112

Amount of contribution (\$)

50<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/24/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

James G. Humphrey

Contributor address; City; State; Zip Code

P.O. Box 2431  
Ft. Worth, TX 76124

Amount of contribution (\$)

500<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

250<sup>00</sup>

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

James R. Dunaway

Contributor address; City; State; Zip Code

777 Taylor Street  
Ste 1640  
Ft. Worth, TX 76102

Amount of contribution (\$)

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6 of 10

2 FILER NAME

Daniel L. Scarth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/03/14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Tickets To the City  
6 Contributor address; City; State; Zip Code  
720 Oakwood Trail 76112

7 Amount of contribution (\$)

\$96.25

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

12/3/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Taylor or Shierke S. Gandy  
Contributor address; City; State; Zip Code  
4250 Saritact  
Ft. Texas, 76109

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/2/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jerry Barton  
Contributor address; City; State; Zip Code  
3512 Stone Creek Lane S.  
Ft. Worth, TX 76137

Amount of contribution (\$)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/3/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Alex Jimenez  
Contributor address; City; State; Zip Code  
245 Willow Ridge Rd.  
76103

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/3/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

George M. Harper  
Contributor address; City; State; Zip Code  
816 Havenwood Lane South  
Ft. Worth, TX 76112

Amount of contribution (\$)

75.00

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 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:  
7 of 10

2 FILER NAME **Danny Scarth** 3 ACCOUNT # (Ethics Commission Filers)

4 Date <b>12/1/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William W. Meadows</b>	7 Amount of contribution (\$) <b>100<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3904 Hamilton Ave, 76107 Ft Worth, TX</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <b>12/2/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mrs John V. Roach II</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2805 Aton Road Fort Worth, TX 76109</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>12/3/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Fred Parker</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7051 Allen Place 76116</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>11/29/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lee Nicols Interest LLC</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2929 W. 5th Fort Worth Texas, 76107</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>11/25/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hammer &amp; Nails Club Candidate</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7001 Boulevard 26, Ste. 232 F.W. Texas, 76180</b>		(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:

8 of 10

2 FILER NAME

Daniel L. Scarth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/3/14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Vernell Sturns

7 Amount of contribution (\$)

100<sup>00</sup>

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
812 Highwood TR, F.W. TX 76112

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/12/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Tobi W. Jackson

Amount of contribution (\$)

100<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
2108 Yosemite Ct.  
76112

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/4/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Andee R. McEwing

Amount of contribution (\$)

100<sup>00</sup>

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

11/27/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jan E. Fersing

Amount of contribution (\$)

150<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3000 Trailwood Lane  
Ft. Worth, TX 76109-1646

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/4/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Don E. Hansen

Amount of contribution (\$)

500<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4201 N. Main St, Ste 119  
Fort Worth, TX 76106

(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:

9 of 10

2 FILER NAME

Danny Scarth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/8/14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

J.N. or Beverly J. Hester

6 Contributor address; City; State; Zip Code

P.O. Box 24296  
Fort Worth, TX 76124

7 Amount of contribution (\$)

100<sup>00</sup>

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

12/3/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Edward L. Stewart

Contributor address; City; State; Zip Code

5609 Oakmont Lane  
Ft. Worth, TX 76112

Amount of contribution (\$)

500<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/8/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

E Scott Polikof

Contributor address; City; State; Zip Code

3000 Blackburn St #401  
Dallas, TX 75204

Amount of contribution (\$)

250<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/8/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Charles M. Groomer

Contributor address; City; State; Zip Code

6324 Skylark Circle  
Fort Worth, TX 76180

Amount of contribution (\$)

100<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/9/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mike Moncrief Campaign

Contributor address; City; State; Zip Code

777 Taylor St. Ste 1030  
Fort Worth, TX 76102

Amount of contribution (\$)

250<sup>00</sup>

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:

10 of 10

2 FILER NAME

Danny Scarth

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/17/14

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Riverbend Industrial Partners, Ltd.

6 Contributor address; City; State; Zip Code

500 Throckmorton St. Unit 3203  
Fort Worth, TX 76102

7 Amount of contribution (\$)

500<sup>00</sup>

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

11/24/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Malcom Loudon

Contributor address; City; State; Zip Code

2800 S. University Dr. 76129

Amount of contribution (\$)

500<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/24/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Kelly Hart PAC

Contributor address; City; State; Zip Code

201 Main St.  
Ft. Worth, TX 76102

Amount of contribution (\$)

1,000<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/24/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

James M. Austin, Jr.

Contributor address; City; State; Zip Code

2401 Scott Avenue 76103  
Ft. Worth, TX

Amount of contribution (\$)

50<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/24/14

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Randy Gideon

Contributor address; City; State; Zip Code

3821 Montice 110 Dr. 76107

Amount of contribution (\$)

100<sup>00</sup>

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 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>10/97</b>	2 FILER NAME <b>Danny Scarth</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>11/2/15</b>	5 Payee name <b>Bob's Steak + Chophouse</b>
--------------------------	--

6 Amount (\$) <b>\$123.93</b>	7 Payee address; City; State; Zip Code <b>1300 Houston St, Fort Worth, TX 76102</b>
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Constituent/staff meeting</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/9/15</b>	Payee name <b>Mercury Chophouse</b>
------------------------	--

Amount (\$) <b>285.50</b>	Payee address; City; State; Zip Code <b>200 Main St, Fort Worth, TX 76102</b>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>constituent/staff meeting</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/7/15</b>	Payee name <b>Capital Grille</b>
------------------------	-------------------------------------

Amount (\$) <b>74.16</b>	Payee address; City; State; Zip Code <b>800 Main St, Fort Worth, TX 76102</b>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>constituent/staff meeting</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/5/15</b>	Payee name <b>Groupon Inc</b>
------------------------	----------------------------------

Amount (\$) <b>25.47</b>	Payee address; City; State; Zip Code <b>Online Purchase</b>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Office Supplies</b>	Description (If travel outside of Texas, complete Schedule T) <b>iPad Case</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 2017	<b>2</b> FILER NAME Danny Scarth	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 1/2/15	<b>5</b> Payee name Woodhaven Country Club
-------------------------	---

<b>6</b> Amount (\$) 500.00	<b>7</b> Payee address; City; State; Zip Code 913 Country Club Ln, Fort Worth, TX 76112
--------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) event/constituent meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/31/14	Payee name Pop's Safari Cigar & Wine
------------------	---

Amount (\$) 168.87	Payee address; City; State; Zip Code 2920 Morton St, Fort Worth, TX 76107
-----------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) constituent/staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/30/14	Payee name Office Depot
------------------	----------------------------

Amount (\$) 93.76	Payee address; City; State; Zip Code 401 Carroll St, Fort Worth, TX 76107
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Office Supplies	Description (If travel outside of Texas, complete Schedule T) Equipment <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/26/14	Payee name Sharils Berries
------------------	-------------------------------

Amount (\$) 54.96	Payee address; City; State; Zip Code Online Purchase
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Gift Expense	Description (If travel outside of Texas, complete Schedule T) constituent gift <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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.

<b>1</b> Total pages Schedule F: 3 of 17	<b>2</b> FILER NAME Danny Scarth	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 12/26/14	<b>5</b> Payee name Central Market
---------------------------	---------------------------------------

<b>6</b> Amount (\$) 9.99	<b>7</b> Payee address; City; State; Zip Code 4651 West Fwy Fort Worth, TX 76107
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Constituent <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/26/14	Payee name American Legion
------------------	-------------------------------

Amount (\$) 97.03	Payee address; City; State; Zip Code 6801 Manhattan Blvd, Fort Worth, TX 76120
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Constituent/Staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/19/14	Payee name Office Depot
------------------	----------------------------

Amount (\$) 42.26	Payee address; City; State; Zip Code Online Purchase
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Office Supplies	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/18/14	Payee name Bob's Steak & Chophouse
------------------	---------------------------------------

Amount (\$) 70.00	Payee address; City; State; Zip Code 1300 Houston St, Fort Worth, TX 76102
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Constituent/Staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 4 of 7	<b>2</b> FILER NAME Danny Scarth	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 12/17/14	<b>5</b> Payee name Starbucks
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<b>6</b> Amount (\$) 63.60	<b>7</b> Payee address; City; State; Zip Code Sundance Square FortWorth, TX 76102
-------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Gift Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Gifts for Council & staff <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/17/14	Payee name Starbucks
------------------	-------------------------

Amount (\$) 120.00	Payee address; City; State; Zip Code Sundance Square FortWorth, TX 76102
-----------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Gift Expense	Description (If travel outside of Texas, complete Schedule T) Gifts for council & staff <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

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

Date 12/16/14	Payee name Paris Coffee Shop
------------------	---------------------------------

Amount (\$) 13.09	Payee address; City; State; Zip Code 704 West Magnolia Ave, FortWorth, TX 76104
----------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) constituent/staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/16/14	Payee name Olen Jacks
------------------	--------------------------

Amount (\$) 65.11	Payee address; City; State; Zip Code 770 Road to Six Flags Arlington, TX 76011
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) constituent/staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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: 50/7	2 FILER NAME Danny Scarth	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/15/14	5 Payee name Go daddy.com
--------------------	------------------------------

6 Amount (\$) 103.71	7 Payee address; City; State; Zip Code Online purchase
-------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/15/14	Payee name Go daddy.com
------------------	----------------------------

Amount (\$) 238.76	Payee address; City; State; Zip Code Online Purchase
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/15/14	Payee name Humperdink's
------------------	----------------------------

Amount (\$) 30.97	Payee address; City; State; Zip Code 700 Six Flags Drive Arlington, Tx 76011
----------------------	---

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/ staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/12/14	Payee name Grace Restaurant
------------------	--------------------------------

Amount (\$) 26.65	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 Expense	Description (If travel outside of Texas, complete Schedule T) Constituent/ staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

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.

<b>1</b> Total pages Schedule F: 6 of 17	<b>2</b> FILER NAME Danny Scorth	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 12/11/14	<b>5</b> Payee name Brewed
---------------------------	-------------------------------

<b>6</b> Amount (\$) 26.19	<b>7</b> Payee address; City; State; Zip Code 801 West Magnolia Ave, Fort Worth, TX 76104
-------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------	---	---

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 12/9/14	<b>Payee name</b> Cantina Laredo
------------------------	-------------------------------------

<b>Amount (\$)</b> 28.25	<b>Payee address; City; State; Zip Code</b> 530 Throckmorton St, Fort Worth, TX 76102
-----------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Food/Beverage Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) constituent/ Staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 12/8/14	<b>Payee name</b> Worthington Parking
------------------------	--

<b>Amount (\$)</b> 17.30	<b>Payee address; City; State; Zip Code</b> Fort Worth, TX
-----------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Event Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 12/8/14	<b>Payee name</b> The Rock Wood Fire
------------------------	---

<b>Amount (\$)</b> 28.35	<b>Payee address; City; State; Zip Code</b> 3351 Texas Sage Trl, Ft. Worth, TX 76177
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Food/Beverage Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) East FW Tour <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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.

<b>1</b> Total pages Schedule F: 7 of 17	<b>2</b> FILER NAME Danny Scarth	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 12/3/14	<b>5</b> Payee name Bob's Steak & Chophouse
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<b>6</b> Amount (\$) 49.59	<b>7</b> Payee address; City; State; Zip Code 1300 Houston St, Ft. Worth, TX 76102
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<b>8</b> 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/staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/3/14	Payee name Whiskey & Rye
-----------------	-----------------------------

Amount (\$) 32.15	Payee address; City; State; Zip Code 1300 Houston St, Fort Worth, TX 76102
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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/staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/28/14	Payee name Capital Grille
------------------	------------------------------

Amount (\$) 60.17	Payee address; City; State; Zip Code 800 Main St, Fort Worth, TX 76102
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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/staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/28/14	Payee name Office Depot
------------------	----------------------------

Amount (\$) 17.85	Payee address; City; State; Zip Code 4101 Carroll St, Fort Worth, TX 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Supplies	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

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.

<b>1</b> Total pages Schedule F: 80/87	<b>2</b> FILER NAME Danny Scarth	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 11/24/14	<b>5</b> Payee name Capital Grille	
<b>6</b> Amount (\$) 156.11	<b>7</b> Payee address; City; State; Zip Code 800 Main St. Fort Worth, Tx 76102	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Constituent/Staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
<b>Date</b> 11/24/14	<b>Payee name</b> Woodhaven Country Club	
<b>Amount (\$)</b> 500.00	<b>Payee address; City; State; Zip Code</b> 913 Country Club Ln. Fort Worth, Tx 76112	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Food/Beverage Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) event/constituent meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
<b>Date</b> 11/17/14	<b>Payee name</b> Wells Fargo Bank	
<b>Amount (\$)</b> -7.00	<b>Payee address; City; State; Zip Code</b> 6707 Brentwood stair Ft. Worth, Tx 76112	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Accounting/Banking	<b>Description</b> (If travel outside of Texas, complete Schedule T) Bank Fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
<b>Date</b> 11/10/14	<b>Payee name</b> meals on wheels	
<b>Amount (\$)</b> 100.00	<b>Payee address; City; State; Zip Code</b> 320 South Freeway Fort Worth, Tx 76104	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Contributions made By Candidate	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 9 of 9	<b>2</b> FILER NAME Danny Scarth	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 9/8/14	<b>5</b> Payee name Brewed
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<b>6</b> Amount (\$) 37.30	<b>7</b> Payee address; City; State; Zip Code 801 W. Magnolia Ave. Ft. Worth, TX 76104
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Constituent/Staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/14/14	Payee name Wells Fargo Bank
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Amount (\$) 7.00	Payee address; City; State; Zip Code 6707 Brentwood Stair Ft. Worth, TX 76112
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Bank Fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/28/14	Payee name Taco Diner
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Amount (\$) 26.79	Payee address; City; State; Zip Code 156 W. 4th Street Ft. Worth, TX 76102
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Constituent/Staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/24/14	Payee name Bob's Steak & Chophouse
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Amount (\$) 50.21	Payee address; City; State; Zip Code 1300 Houston St. Fort Worth, TX 76102
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Constituent/Staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 10/8	<b>2</b> FILER NAME Danny Scarth	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 10/20/14	<b>5</b> Payee name Albertsons	
<b>6</b> Amount (\$) 41.17	<b>7</b> Payee address; City; State; Zip Code 850 East Loop 820 Fort Worth, Tx 76112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Reception for Tom Higgins <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 10/20/14	Payee name Babe's Chicken	
Amount (\$) 556.68	Payee address; City; State; Zip Code 230 North Center Street Arlington, Tx 76011	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 11/17/14	Payee name Albertsons	
Amount (\$) 155.09	Payee address; City; State; Zip Code 850 East Loop 820 Ft. Worth, 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) Tom Higgins Reception <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 11/19/14	Payee name Town Talk Foods	
Amount (\$) 59.54	Payee address; City; State; Zip Code 121 North Beach Street Fort Worth, Tx 76111	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Tom Higgins Reception <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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.

<b>1</b> Total pages Schedule F: 2 of 8	<b>2</b> FILER NAME Danny Scarth	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 11/19/14	<b>5</b> Payee name Albertsons
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<b>6</b> Amount (\$) 22.17	<b>7</b> Payee address; City; State; Zip Code 850 East Loop 820 Fort Worth, TX 76112
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Tom Higgins Reception <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 11/20/14	<b>Payee name</b> Garden Ridge
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<b>Amount (\$)</b> 127.02	<b>Payee address; City; State; Zip Code</b> 8651 Airport Freeway, North Richland Hills, TX 76180
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Event Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) Tom Higgins Reception <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 11/03/14	<b>Payee name</b> Eddie V's
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<b>Amount (\$)</b> 35.23	<b>Payee address; City; State; Zip Code</b> 3100 West 7th St. Ft. Worth, TX 76107
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Food/Beverage Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input checked="" type="checkbox"/> Councilman S. Ingleton <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 10/20/14	<b>Payee name</b> Albertsons
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<b>Amount (\$)</b> 13.60	<b>Payee address; City; State; Zip Code</b> 850 East Loop 820 Fort Worth, TX 76112
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Event Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) Tom Higgins Reception <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 3 of 8	<b>2</b> FILER NAME Danny Scarth	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 10/17/14	<b>5</b> Payee name American Legion
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<b>6</b> Amount (\$) 20.75	<b>7</b> Payee address; City; State; Zip Code 6801 Manhattan Blvd. Fort Worth, TX 76120
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) constituent/staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/16/14	Payee name The Bird Cafe
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Amount (\$) 30.71	Payee address; City; State; Zip Code 155 East 4th Street Ft. Worth, TX 76102
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) constituent/staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/15/14	Payee name Wells Fargo Bank
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Amount (\$) 7.00	Payee address; City; State; Zip Code 6707 Brentwood Hall Ft. Worth, TX 76112
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Bank Fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/14/14	Payee name Paris Coffee Shop
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Amount (\$) 19.90	Payee address; City; State; Zip Code 704 W. Magnolia Ave. Ft. Worth, TX 76104
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) constituent/staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 of 8		2 FILER NAME Danny Scarth		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/14/14		5 Payee name The Home Depot			
6 Amount (\$) 143.73		7 Payee address; City; State; Zip Code 1151 Bridgewood Dr. Fort Worth, Tx 76112			
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) Tom Higgins Reception <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/14/14		Payee name Kathleen Hicks; Sickle Cell Association <sup>Disease</sup>			
Amount (\$) 60.00		Payee address; City; State; Zip Code 1350 South Main Street Ft. Worth, tx 76104			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donations made by office holder		Description (If travel outside of Texas, complete Schedule T) Donation to sickle cell disease Association <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/14/14		Payee name Omni Mandalay Hotel			
Amount (\$) 6.41		Payee address; City; State; Zip Code 221 East Las Colinas Blvd. Irving, Tx 75039			
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) Coffee with staff <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/19/14		Payee name Italy Pasta & Pizza			
Amount (\$) 54.90		Payee address; City; State; Zip Code 800 East Loop 820 Ft. Worth, Tx 76112			
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 / Staff Meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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.

<b>1</b> Total pages Schedule F: 5 of 8		<b>2</b> FILER NAME Danny Scarth		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 9/15/14		<b>5</b> Payee name Albertsons			
<b>6</b> Amount (\$) 110.35		<b>7</b> Payee address; City; State; Zip Code 850 East Loop 800 Ft. Worth, Tx 76112			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Event Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Developer's Conference <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
<b>Date</b> 10/8/14		<b>Payee name</b> Whiskey & Rye			
<b>Amount (\$)</b> 59.16		<b>Payee address; City; State; Zip Code</b> 1300 Hanston Street Ft. Worth, Tx 76102			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) constituent/staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
<b>Date</b> 10/6/14		<b>Payee name</b> Silverleaf Cigar lounge			
<b>Amount (\$)</b> 10.92		<b>Payee address; City; State; Zip Code</b> 426 Commerce St. Ft. Worth, Tx 76102			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) constituent/staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought                      Office held	
<b>Date</b> 10/6/14		<b>Payee name</b> Mercury Chophouse			
<b>Amount (\$)</b> 285.30		<b>Payee address; City; State; Zip Code</b> 200 Main St. Fort Worth, Tx 76102			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) constituent/staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/15/14	5 Payee name Spec's
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6 Amount (\$) 520.31	7 Payee address; City; State; Zip Code 1600 Eastchase Pkwy Ft. Worth, Tx 76120
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expenses	(b) Description (If travel outside of Texas, complete Schedule T) Developer's Conference <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/15/14	Payee name Town Talk Foods
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Amount (\$) 38.33	Payee address; City; State; Zip Code 121 North Beech St, Ft. Worth, Tx 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Developer's Conference <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/1/14	Payee name Dickie's
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Amount (\$) 20.56	Payee address; City; State; Zip Code 6219 Oakmont Blvd Ft. Worth, Tx 76132
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expenses	Description (If travel outside of Texas, complete Schedule T) Grand Opening <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/29/14	Payee name Silver Leaf Cigar Lounge
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Amount (\$) 9.92	Payee address; City; State; Zip Code 426 Commerce St, Ft. Worth, Tx 76102
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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/staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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.

<b>1</b> Total pages Schedule F: 7 of	<b>2</b> FILER NAME Danny Scarth	<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 9/29/14	<b>5</b> Payee name Capital Grille		
<b>6</b> Amount (\$) 115.10	<b>7</b> Payee address; City; State; Zip Code 800 Main St. Ft. Worth, Tx 76102		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) constituent/staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 9/26/14	Payee name Wine Thief		
Amount (\$) 16.87	Payee address; City; State; Zip Code 1300 Houston St, Ft. Worth, 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) constituent/staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 9/26/14	Payee name Bob's Steak & Chophouse		
Amount (\$) 151.65	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 Expense	Description (If travel outside of Texas, complete Schedule T) constituent/staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 9/26/14	Payee name American Legion		
Amount (\$) 62.15	Payee address; City; State; Zip Code 6801 Manhattan Blvd. Ft. Worth, Tx 76120		
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/staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 8 of	<b>2</b> FILER NAME Danny Scarth	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 9/23/14	<b>5</b> Payee name Pop's Safari Cigar & Wine	
<b>6</b> Amount (\$) 42.11	<b>7</b> Payee address; City; State; Zip Code 2929 Morton St, Fort Worth, TX 76107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) constituent/staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 9/22/14	Payee name Mercury Chophouse	
Amount (\$) 179.34	Payee address; City; State; Zip Code 200 Main St, Ft. Worth, TX 76102	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) constituent/staff meeting <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 9/15/14	Payee name Wells Fargo Bank	
Amount (\$) 7.00	Payee address; City; State; Zip Code 6707 Brentwood stair Ft. Worth, TX 76112	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Bank Fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 9/11/14	Payee name Office Dep ot	
Amount (\$) 66.54	Payee address; City; State; Zip Code Online Purchase	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Office Supplies	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED