


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

**FORM COR-C/OH
CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u> </u>	FIRST <u>Daniel</u>	MI <u>L</u>	Date Received	
	NICKNAME <u>Danny</u>	LAST <u>Scarth</u>	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit			
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	Date Hand Delivered or Postmarked		
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	Receipt #		
5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	Date Processed	
	<u>1 / 16 / 13</u>		<u>4 / 10 / 13</u>	Date Imaged	

6 EXPLANATION OF CORRECTION
To correct clerical errors - Certain contributions were entered twice and certain contributions were omitted. A complete form is attached w/all corrections


7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel Scarth, this the 15th day of April, 2013, to certify which, witness my hand and seal of office.

[Signature] Beth Ellis Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 27
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR O FIRST Daniel MI L NICKNAME LAST SUFFIX Danny Scarth	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 505 Alighwood STR Ft Worth TX 76112	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION 817 446 7311	Date Hand-delivered or Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR D FIRST John MI D NICKNAME LAST SUFFIX Burge	Receipt #	Amount
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 829 Firewheel TR, Ft Worth TX 76112	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 817) 457 3338	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 16 / 13 4 / 10 / 13		
11 ELECTION	ELECTION DATE Month Day Year 5 / 11 / 13	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) City Council District 4	13 OFFICE SOUGHT (if known) City Council District 4	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME Daniel L. 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	\$ 200.
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25260.
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 195.
	4. TOTAL POLITICAL EXPENDITURES	\$ 8845.
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 86838
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



BETH A ELLIS
My Commission Expires
March 5, 2017

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel Scarth, this the 15th day of April, 2013, to certify which, witness my hand and seal of office.

[Signature] Beth Ellis Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 of 13	
2 FILER NAME Daniel C. Smith		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/8/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC/IDP Cunningham, Denice and Mike	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code 401 Misty Ridge Ln. Weatherford, TX 76085		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/7/13	Full name of contributor <input type="checkbox"/> out-of-state PAC/IDP Fletcher, Norris D.	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 5441 Navajo Fort Worth, TX 76137		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/7/13	Full name of contributor <input type="checkbox"/> out-of-state PAC/IDP Humphrey, James G.	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code PO Box 24131 Fort Worth, TX 76124		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/7/13	Full name of contributor <input type="checkbox"/> out-of-state PAC/IDP Terry, Gary	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 117 Shady Lake Ct. Hurst, TX 76054		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/9/13	Full name of contributor <input type="checkbox"/> out-of-state PAC/IDP McGlothlin, Sandra	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 5301 Sun Valley Dr. Fort Worth, TX 76119		(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 13	
2 FILER NAME Daniel L. Smith		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/15/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) G. Malcolm Louden	7 Amount of contribution (\$) 2,500.00	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code 500 W 7th St., Unit #27, Ste 1007, Fort Worth, TX 76107		<small>(If travel outside of Texas, complete Schedule T)</small>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/15/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Patterson, Mr. and Mrs. Jim	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 809 Scarlet Sage Fort Worth, TX 76112		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/16/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Reed Pigman JR	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 200 Texas Way Fort Worth, TX 76106		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/17/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) James Lemons	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 5850 Woodrill Ct. Fort Worth, TX 76112		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/17/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Lee Nicol	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 2929 W. 5TH Street, Fort Worth, TX 76107		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 or 4	
2 FILER NAME <i>Danville C. Smith</i>		3 ACCOUNT # (Ethics Commission Files)	
4 Date 1/18/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) A E Magill III 6 Contributor address: City: State: Zip Code 6225 Willers Way, Houston, TX 77057	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 1/18/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Truitt, Robert R. Contributor address: City: State: Zip Code 5713 Oakmont Fort Worth, TX 76112	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 1/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Jon Fensing Contributor address: City: State: Zip Code 3800 Trailwood Ln. Fort Worth, TX 76109	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 1/28/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) James R Dunaway Contributor address: City: State: Zip Code 777 Taylor St. Fort Worth, TX 76102	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 1/29/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Edward P. Bass Contributor address: City: State: Zip Code 201 Main St., Ste 2700, Fort Worth, TX 76102	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>5 of 18</i>	
2 FILER NAME <i>Darice L. Smith</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/2/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC/DCR Chris Gavras 6 Contributor address: City: State: Zip Code 2214 Franklin Dr., Arlington, TX 76011	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
2/7/13	Jay and Beverly Hester PO Box 24296 Fort Worth, TX 76124	100.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
2/8/13	Ed and Mitzi Stout Fort Worth, TX 76112	1,000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
2/8/13	Schell, Jim 901 Fort Worth Club Bldg. Fort Worth, TX 76102	750.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
2/17/13	Don Hansen 4201 N. Main St Fort Worth, Ste. 119 TX 76106	1,000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6 OF 18	
2 FILER NAME Daniel L. Smith		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/17/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Mitchell, Susan B.	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code 733 Putter Dr., Fort Worth, TX 76112		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date 2/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Vernell Sturns	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 612 Highwoods TR, Fort Worth, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 2/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Half and Associates PAC	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 1201 N. Bowser Rd., Richardson, TX 75081		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 2/21/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Chesser, Robert	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 3217 Kimbo Rd., Fort Worth, TX 76111		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 2/22/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Berry, Mike and Marilyn	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 6217 Genoa Rd., Fort Worth, TX 76116		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**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 18	
2 FILER NAME Danico L. Smith		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 2/25/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Rickett, William G.	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code 500 Throckmorton St., Unit 3203, Fort Worth, TX 76102		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Jackson, Tobi W.	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 2108 Yosemite Ct., Fort Worth, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Peggy Schooler	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 805 Oakmont, Fort Worth, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Ormsby, Justin R.	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 6000 Cholla Dr., Fort Worth, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Barr, Kenneth Ln	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 3101 Avondale Ave., Fort Worth, TX 76109		(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 18	
2 FILER NAME Daniel L. Smith		3 ACCOUNT # (Ethics Commission File#)	
4 Date 2/27/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Johansen, Gary and Dawn.	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code 6112 Cholla Dr., Fort Worth, TX 76112		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Wilson, Julie H.	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 333 Throckmorton St., Fort Worth, TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Walker, Ruth Z.	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 932 Country Club Ln., Fort Worth, TX 76112		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Brundrette, Thad	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 3901 W. 4TH St., Fort Worth, TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR)	Amount of contribution (\$)	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: 9 of 18	
2 FILER NAME Daniel L. Scott		3 ACCOUNT # (Ethics Commission Files)	
4 Date 2/27/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC/DF Kasey S. Pipes	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code 3605 Kimberly Lane Fort Worth, TX 76133		<small>(If travel outside of Texas, complete Schedule T)</small>	
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date 3/14/13	Full name of contributor <input type="checkbox"/> out-of-state PAC/DF Dana Hinzmann	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 505 Oak Hollow Lane, Fort Worth, TX 76112		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 4/9/13	Full name of contributor <input type="checkbox"/> out-of-state PAC/DF Robert J Folzenlogen	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code 1916 Berkeley Place, Fort Worth, TX 76110		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC/DF	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC/DF	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code		<small>(If travel outside of Texas, complete Schedule T)</small>	
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 12	
2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission Files)	
4 Date 2/18/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (DP) Donald R Boren 6 Contributor address, City, State, Zip Code 1755 Martel Avenue Fort Worth, TX 76103	7 Amount of contribution (\$) 65	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/23/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP) Richard Tyler Contributor address, City, State, Zip Code 1921 Shelman Trail	Amount of contribution (\$) 40	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP) Kathy Wolfe Contributor address, City, State, Zip Code 601 Catalpa Rd	Amount of contribution (\$) 40	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP) Martha Leonard Contributor address, City, State, Zip Code 1411 Shady Oaks Lane Ft. Worth, TX	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP) Patrick Miller Contributor address, City, State, Zip Code 3900 Westcliff Rd. S, Fort Worth, TX 76109	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>12 of 13</i>	
2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission Files)	
4 Date 2/22/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Martha B Jackson	7 Amount of contribution (\$) 50	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 833 Havenwood Ln. So. Ft. Worth, TX 76112		<small>(If travel outside of Texas, complete Schedule T)</small>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/23/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Richard Tyler	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1921 Shelman Trail Fort Worth, TX 76112		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/23/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Joe E. Epps	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 828 Firewheel Trail Fort Worth, TX 76112		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code		<small>(If travel outside of Texas, complete Schedule T)</small>	
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 12 of 13	
2 FILER NAME Mr. Daniel L. Scarth		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/27/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ken & Fran Stephens	7 Amount of contribution (\$) 35⁰⁰	8 In-kind contribution description (if applicable)
	6 Contributor address: City: State: Zip Code 6117 Cholla DR. Ft. Worth, TX 76112	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Franklin D. Moss Campaign	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code 5625 Eisenhower DR. Ft. Worth, TX 76112	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Maxine Parris	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code 604 Havenwood Ln N. Ft. Worth, TX 76112	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Dub and Freddie Hdcombe	Amount of contribution (\$) 150⁰⁰	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code 1717 Dancinger D. Ft. Worth, TX 76112	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Rick and Loretta Disney	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code 805 Larkspur Ln. Ft. Worth, TX 76112	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 13 of 13	
2 FILER NAME Mr. Daniel Scarth		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/9/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Randall C. Gideon	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
	6 Contributor address, City, State, Zip Code 3812 Monticello Ft. Worth, TX 76107	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Freese and Nichols PAC	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
	Contributor address, City, State, Zip Code 4055 International Plaza Ft. Worth, TX 76109	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) John V. Roach II	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
	Contributor address, City, State, Zip Code 2805 Atton Rd. Ft. Worth, TX 76109	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mac Churchill	Amount of contribution (\$) 1,000⁰⁰	In-kind contribution description (if applicable)
	Contributor address, City, State, Zip Code 3125 NE Loop 820 Ft. Worth, TX 76137	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mr. & Mrs. Jerry Barton	Amount of contribution (\$) 1,000⁰⁰	In-kind contribution description (if applicable)
	Contributor address, City, State, Zip Code 3512 Stone Creek Ln. Ft. Worth, TX 76137	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 14 2 FILER NAME: Daniel L. Scarth 3 ACCOUNT # (Ethics Commission Files)

4 Date: 2/04/13 5 Payee name: No Frills Grill

6 Amount (\$): 13.22 7 Payee address: City: State: Zip Code
1550 East Chase Pkwy Fort Worth, TX

8 PURPOSE OF EXPENDITURE: (a) Category (See categories listed at the top of this schedule): **Food & Beverage** (b) Description (If travel outside of Texas, complete Schedule T): **Meeting / Office Help Issues**

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

Date: 2/03/13 Payee name: Wireless PCS

Amount (\$): 155.14 Payee address: City: State: Zip Code
1100 Bridgewood Dr. 76112 Fort Worth, TX

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Office Overhead** Description (If travel outside of Texas, complete Schedule T): **Companion Phone**

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

Date: 2/2/13 Payee name: Go Daddy.com

Amount (\$): 39.51 Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Office Overhead** Description (If travel outside of Texas, complete Schedule T): **web site / URL**

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

Date: 1/31/13 Payee name: Sean Foushee

Amount (\$): 300 Payee address: City: State: Zip Code
4521 Saddle back Rd. Arlington, TX 76017

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

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Award/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 <i>2 of 18</i>	2 FILER NAME Daniel L. Scarth	3 ACCOUNT # (Ethics Commission Files)
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4 Date 2/08/13	5 Payee name Ryan's Fine Food Restaurant
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6 Amount (\$) 25.44	7 Payee address, City, State, Zip Code 815 Magnolia Ave Fort Worth, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food & Beverage	(b) Description (If travel outside of Texas, complete Schedule T) Meeting / office holder issues
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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 2/8/13	Payee name Love's Country Service Station
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Amount (\$) 50.88	Payee address, City, State, Zip Code Exit 368A Hillsboro TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel outside District	Description (If travel outside of Texas, complete Schedule T) Meeting to discuss issues
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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 2/8/13	Payee name Susan Jackson
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Amount (\$) 120	Payee address, City, State, Zip Code 316 N Bailey 76107 Fort Worth, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Campaign Services
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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 2/4/13	Payee name Race Track
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Amount (\$) 7.99	Payee address, City, State, Zip Code Fort Worth, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel	Description (If travel outside of Texas, complete Schedule T) Gas / Campaign 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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expenses	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: 3 of 14		2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 2/11/13		5 Payee name Therea's Dixie House			
6 Amount (\$) 39.72		7 Payee address: City, State, Zip Code 2337 Debarre St. Haltom City Fort Worth, Tx			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food & Beverage		(b) Description (If travel outside of Texas, complete Schedule T) Lunch w/ campaign staff	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name:		Office sought Office held	
Date 2/11/13		Payee name Daniel L. Scarth			
Amount (\$) 39.72 100.00		Payee address, City, State, Zip Code 505 Highwoods Tr Ft. Worth, TX 76113			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fee		Description (If travel outside of Texas, complete Schedule T) Candidate Filing fee / Reimbursement	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name:		Office sought Office held	
Date 2/11/13		Payee name Wireless PCS			
Amount (\$) 50.00		Payee address, City, State, Zip Code 1100 Bentgen Court Fort Worth TX 76112			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead		Description (If travel outside of Texas, complete Schedule T) Campaign phone	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name:		Office sought Office held	
Date 2/11/13		Payee name Riata's at the Backs			
Amount (\$) 291.49		Payee address: City, State, Zip Code 2613 Fort Worth Stock show & Rodeo Fort Worth, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food & Beverage		Description (If travel outside of Texas, complete Schedule T) Meeting to discuss issues	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name:		Office sought Office held	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 6(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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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: <i>4 of 14</i>		2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission Files)	
4 Date 2/14/13		5 Payee name Olen Jacks Grille			
6 Amount (\$) 32.00		7 Payee address: City, State, Zip Code 770 E. Road to Six Mass Arlington, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food & Beverage		(b) Description (If travel outside of Texas, complete Schedule T) Meeting re campaign	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/15/13		Payee name Susan Jackson			
Amount (\$) 150		Payee address: City, State, Zip Code 316 N Bailey Fort Worth, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contract labor		Description (If travel outside of Texas, complete Schedule T) Campaign services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/12/13		Payee name Taverna's			
Amount (\$) 21.05		Payee address: City, State, Zip Code 450 Theekmarlon Fort Worth, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food & Beverage		Description (If travel outside of Texas, complete Schedule T) Meeting to discuss issues	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/13/13		Payee name Boomer Jacks Grill			
Amount (\$) 12		Payee address: City, State, Zip Code 2400 W 7th St Fort Worth, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food & Beverage		Description (If travel outside of Texas, complete Schedule T) Meeting to discuss issues	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F 5 of 14		2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 2/21/13		5 Payee name Jazz Cafe			
6 Amount (\$) 63.04		7 Payee address; City, State, Zip Code 2501 Montgomery St F. Worth, TX 76107			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food & Beverage		(b) Description (If travel outside of Texas, complete Schedule T) Meeting re campaign	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/20/13		Payee name Amazon .com			
Amount (\$) 662.68		Payee address; City, State, Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Graphics for campaign	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/20/13		Payee name Amazon.com			
Amount (\$) 20.06		Payee address; City, State, Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Graphics for campaign	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/19/13		Payee name Wireless PCS			
Amount (\$) 123.24		Payee address; City, State, Zip Code 1101 Bealwood Ft. Worth, TX 76102			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office overhead		Description (If travel outside of Texas, complete Schedule T) Campaign phone	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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: <i>6 of 17</i>		2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission Files)	
4 Date 2/23/13		5 Payee name American Express Legion			
6 Amount (\$) 21.80		7 Payee address: City State Zip Code Fort Worth TX 6801 Manhattan Blvd Ft Worth, TX 76120			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food & Beverage		(b) Description (If travel outside of Texas, complete Schedule T) Meeting w/ Constituents	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/22/13		Payee name Fed Ex 001			
Amount (\$) 92.		Payee address: City State Zip Code Hurst, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/22/13		Payee name Jasons' Deli 038			
Amount (\$) 420.69		Payee address: City State Zip Code 2200 Airport Freeway, Ft Worth Bedford, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food & Beverage		Description (If travel outside of Texas, complete Schedule T) Meeting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/21/13		Payee name Bob's Chop House			
Amount (\$) 32.76		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) Meeting re issues	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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: <u>9 of 12</u>		2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission Files)	
4 Date 3/7/13		5 Payee name American Airlines			
6 Amount (\$) 25.00		7 Payee address, City, State, Zip Code DFW, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Travel out of District		(b) Description (If travel outside of Texas, complete Schedule T) Baggage charge, Meetings	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/7/13		Payee name American Airlines			
Amount (\$) 25		Payee address, City, State, Zip Code DFW AIRPORT			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Travel out of District		(b) Description (If travel outside of Texas, complete Schedule T) Baggage charge, return	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/7/13		Payee name Wells Fargo			
Amount (\$) 2.50		Payee address, City, State, Zip Code Ft. Worth, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Travel out of District		(b) Description (If travel outside of Texas, complete Schedule T) ATM Fee for cash for travel to DC	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/6/13		Payee name Bob's Steak & Chop House			
Amount (\$) 21		Payee address, City, State, Zip Code 1300 Houston St. Fort Worth, TX 76102			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food & Beverage		(b) Description (If travel outside of Texas, complete Schedule T) Meeting to discuss campaign issues	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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: <i>10 of 14</i>		2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/13/13		5 Payee name Global Mail			
6 Amount (\$) 1000.00		7 Payee address, City, State, Zip Code 576 N. Beach St. Fort Worth, TX 76111			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing		(b) Description (If travel outside of Texas, complete Schedule T) Letter to constituents	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/11/13		Payee name Metro PCS			
Amount (\$) 83.83		Payee address, City, State, Zip Code <i>7708 Southport</i> Fort Worth, TX <i>76112</i>			
9 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Office Overhead		(b) Description (If travel outside of Texas, complete Schedule T) cell phone	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/10/13		Payee name GoGo Air.com			
Amount (\$) 10.00		Payee address, City, State, Zip Code			
10 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Travel outside district		(b) Description (If travel outside of Texas, complete Schedule T) Travel expense to DC	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/8/13		Payee name Shellys Backroom			
Amount (\$) 155.69		Payee address, City, State, Zip Code <i>1331 F St. NW</i> Washington, DC			
11 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food & Beverage		(b) Description (If travel outside of Texas, complete Schedule T) Meetings / office holidays	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
6 of 12		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			4/11/13 1:16 PM

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
Fairs	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: <i>11 of 14</i>		2 FILER NAME Daniel L. Scarth		3 ACCOUNT # (Ethics Commission File#)	
4 Date 3/16/13		5 Payee name Houlihan's Restaurant #185			
6 Amount (\$) 32.85		7 Payee address: City, State, Zip Code <i>9865 Rainkily Trail Ft. Worth, TX 76177</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food & Beverage		(b) Description (If travel outside of Texas, complete Schedule T) Meeting / Campaign Issues	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought <input type="checkbox"/> Office held <input checked="" type="checkbox"/>	
Date 3/13/13		Payee name Capital Grill			
Amount (\$) 49.95		Payee address: City, State, Zip Code <i>800 main St. Fort Worth, TX 76102</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food & Beverage		Description (If travel outside of Texas, complete Schedule T) Meeting re campaign issues	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought <input type="checkbox"/> Office held <input type="checkbox"/>	
Date 3/13/13		Payee name The Woodshed			
Amount (\$) 153.69		Payee address: City, State, Zip Code 3201 Riverfront Drive, Fort Worth, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food & Beverage		Description (If travel outside of Texas, complete Schedule T) Meeting re campaign issues	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought <input type="checkbox"/> Office held <input type="checkbox"/>	
Date 3/13/13		Payee name Texaco #00308118			
Amount (\$) 57.86		Payee address: City, State, Zip Code Fort Worth, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Travel outside District		Description (If travel outside of Texas, complete Schedule T) Trip to Austin	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought <input type="checkbox"/> Office held <input type="checkbox"/>	

POLITICAL EXPENDITURES		SCHEDULE F
EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense
Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)		
The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F <i>12 of 14</i>	2 FILER NAME Daniel L. Scarth	3 ACCOUNT # (Ethics Commission Files)
4 Date 3/20/13	5 Payee name Bob's Steak & Chop House	
6 Amount (\$) 33.22	7 Payee address, City, State, Zip Code 1300 Houston St. 76102 Fort Worth, TX 76102	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food & Beverage	(b) Description (If travel outside of Texas, complete Schedule T) Meeting to discuss campaign issues
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 3/18/13	Payee name Rudy's Gas Station #205	
Amount (\$) 51.61	Payee address, City, State, Zip Code 2510 Circle Rd. Waco, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel out of District	Description (If travel outside of Texas, complete Schedule T) State Government meeting / Office holder issues
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 3/18/13	Payee name EMPE #0309	
Amount (\$) 61.09	Payee address, City, State, Zip Code Waco, TX 76706 2132 S. Valley DR.	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Beverage	Description (If travel outside of Texas, complete Schedule T) trip to Austin / Office holder issues
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 3/18/13	Payee name Starbucks #0232	
Amount (\$) 3.57	Payee address, City, State, Zip Code Hillsboro, TX 76788 102 NE 1-35	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Beverage	Description (If travel outside of Texas, complete Schedule T) trip to Austin / Office holder issues
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
6 of 12 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 4/11/13 1:10 PM		

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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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: <i>13 of 14</i>	2 FILER NAME Daniel L. Scarth	3 ACCOUNT # (Ethics Commission Fees)
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4 Date 3/24/13	5 Payee name TEXACO
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6 Amount (\$) 55.46	7 Payee address: City, State, Zip Code 1424 Pennsylvania Ave. Fort Worth, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Transportation Expense	(b) Description (If travel outside of Texas, complete Schedule T) putting out signs
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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 3/22/13	Payee name Chef Point Cafe
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Amount (\$) 58.93	Payee address: City, State, Zip Code 5901 Watauga Rd. Watuga, TX 76148
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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) Meeting / Office Holder Issues
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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 3/21/13	Payee name Albertson's
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Amount (\$) 3.24	Payee address: City, State, Zip Code 850 E. Loop 820 Fort Worth, TX 76112
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gifts	Description (If travel outside of Texas, complete Schedule T) Constituent Card
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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 3/20/13	Payee name Wine Thief
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Amount (\$) 16.87	Payee address: City, State, Zip Code Fort Worth, TX 1300 Houston St. 76102
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Beverage	Description (If travel outside of Texas, complete Schedule T) Meeting Campaign Issues
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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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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: <i>14 of 14</i>	2 FILER NAME Daniel L. Scarth	3 ACCOUNT # (Ethics Commission Files)
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4 Date 4/4/13	5 Payee name Global Mail
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6 Amount (\$) 649.44	7 Payee address, City, State, Zip Code 576 N. Beach St., Fort Worth, TX 76111
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other	(b) Description (If travel outside of Texas, complete Schedule T) Mailing
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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 4/4/13	Payee name Ink Spot
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Amount (\$) 525.01	Payee address, City, State, Zip Code 576 N. Beach St., Fort Worth, TX 76111
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) Campaign Miler
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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 4/4/13	Payee name Booker Industries
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Amount (\$) 350	Payee address, City, State, Zip Code 5415 Maple Ave., Dalls, TX 75235
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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) IT Support / LIST
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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 4/2/13	Payee name Taverna's
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Amount (\$) 25.41	Payee address, City, State, Zip Code 450 THRUWORTH Fort Worth, TX
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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) Campaign Staff
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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