CA D D E / OFF CEHOLDE

FORM C/OH

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

RECEIVED
APR 26 2019
Board of Education

26

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR	FIRST	MI
Mr	Chad	E

NICKNAME	LAST	SUFFIX
	McCarty	

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 123248, Fort Worth, TX 76121

☐ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 723-3832

Date Postmarked

CA D E/OFF CE OLDE
CA G F A CE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Chad McCarty

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO

[redacted]

COMMITTEE(S) *KNOWLEDGE OR CONSENT*—CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE

OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

Chad E.

COMMITTEE CAMPAIGN TREASURER NAME

☐ Additional Pages

[redacted]

S BTO LS - C/O

FORM C/OH
COVER SHEET PG 3

19 FILER NAME
Chad McCarty

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

			SUBTOTAL AMOUNT
1	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 4300.00
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4		SCHEDULE E: LOANS	$
[redacted]			
7			$
[redacted]			

SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

[redacted]

O ETA Y POL T CAL CO TR BUT O S

SCHEDULE A1

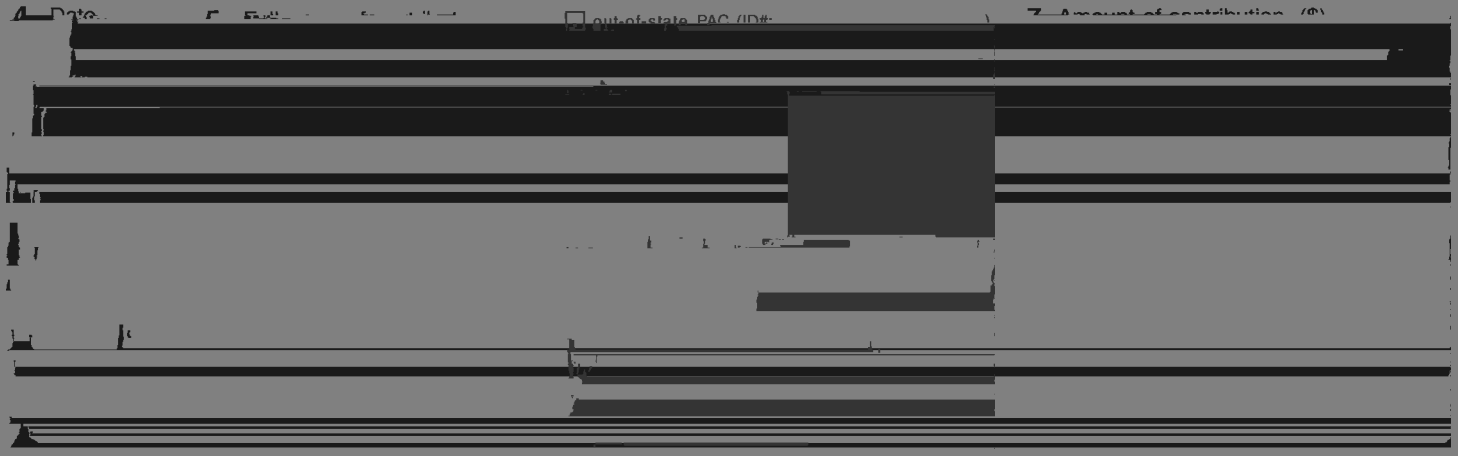
The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1 4

2 FILER NAME

Chad McCarty

3 Filer ID (Ethics Commission Filers)



4/22/19 — Christene Moss — $50.00

6 Contributor address; City; State; Zip Code

5625 Eisenhower Dr Fort Worth, TX 76112

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date — Full name of contributor — Amount of contribution ($)

4/22/19 — Paula Brooks — $100.00

Contributor address City; State; Zip Code

2504 Aiken Ln, Fort Worth, TX 76123

Principal occupation / Job title (See Instructions): Principal

Employer (See Instructions): Crowley ISD

Date — Full name of contributor — Amount of contribution ($)

4/23/19 — John Angle — $1000.00

Contributor address; City; State; Zip Code

2420 S Adams St Fort Worth, TX 76110

Principal occupation / Job title (See Instructions): consultant

Employer (See Instructions): AMM Political Strategies

Date — Full name of contributor — ☐ out-of-state PAC (ID#:_____) — Amount of contribution ($)

4/19/19 — Marsha A. Franklin-Darby — $50.00

Contributor address; City; State; Zip Code

2220 Park Place Ave, Fort Worth, TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form

1 Total pages Schedule A1: 4

2 FILER NAME: Chad McCarty

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor	☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
4/23/19	Linda Pavlik		$100.00

[redacted]

Date ☐ out-of-state PAC

[redacted]

☐ out-of-state PAC (ID#:_____)

Nuttall

City; State; Zip Code

TX 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor		Amount of contribution ($)
4/23/19	Lee Henderson		$150.00
	Contributor address;	City; State; Zip Code	
	PO Box 802, Fort Worth, TX 76102		

[redacted]

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SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME: Chad McCarty

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor	☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
4/19 4/16/19	Jalen Hall **6** Contributor address; City; State; Zip Code: 2616 Halbert St, Fort Worth, TX 76112		$1300.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

[redacted]

[redacted] ☐ out-of-state PAC (ID#:)

4/20/19	Johnny Self	$75.00

[redacted]

[redacted]

☐ out-of-state PAC (ID#:)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME
Chad McCarty

3 Filer ID (Ethics Commission Filers)

4 Date
4/18/19

5 Full name of contributor
Jason Bulloch

7 Amount of contribution ($)
$100.00

[redacted]

☐ out-of-state PAC (ID#:)

4163 Rosser St, , TX 7524[redacted]

[redacted]

☐ out-of-state PAC (ID#:)

[redacted]

Retired

Retired

Full name of contributor ☐ out-of-state PAC (ID#:) Amount of contribution ($)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

[redacted]

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 **2** FILER NAME Chad McCarty **3** Filer ID (Ethics Commission Filers)

4 Date 4/05/19 **5** Pa e r consulting

6 Amount ($) $3076.53 **7** Payee address; City; State; Zip Code (See Categories listed at the top of this schedule) 3000 S Hulen St #124-306, Fort Worth, TX 76109

8 PURPOSE OF EXPENDITURE (b) Description consulting Expense, Mail

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

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Date 4/5/19 Payee name parmer consulting

[redacted]

$1500.00 3000 S. Hulen St #124-306, Fort worth, TX 76109

Category (See Categories listed at the top of this schedule) Description

PURPOSE OF EXPENDITURE consulting Expense, voter contact

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

Payee name

4/15/19 Chad McCarty

Amount ($) Payee address; City; State; Zip Code

$5000.00 P.O. BOX 123248, Fort worth, TX 76121

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[redacted]

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Chad McCarty

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

☑

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

[redacted]

4 FILER WHO IS NOT AN OFFICEHOLDER

[redacted]

A. CAMPAIGN FUNDS