CAND DATE / OFFICEHOLDER CAMPAIGN F NANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers): 00081843

2 Total pages filed: 11

OFFICE USE ONLY

Date Received

RECEIVED

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: Ms.
NICKNAME
MI
SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
3000 So. Hulen Street, Suite 124-601

Board of Education

26-19

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (682) PHONE NUMBER: 305-6261 EXTENSION

Date Postmarked

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: Ms.
NICKNAME
MI
SUFFIX

Receipt # Amount $

Date Processed

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3000 So. Hulen Street, Suite 124-601 Fort Worth TX 76109

8 CAMPAIGN TREASURER PHONE
AREA CODE: (682) PHONE NUMBER: 305-6261 EXTENSION

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)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

14 C/OH NAME Carla Morton

15 Filer ID (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

GENERAL

00081843

COMMITTEE(S) KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE/AUTHOR

17 CONTRIBUTION TOTALS $ 55.00

2 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) $ 4255.00

392.08

OF SUCH EXPENDITURES

4. TOTAL POLITICAL EXPENDITURES $ 3600.48

CONTRIBUTION BALANCE 5 $ 7855.48

SUBT LS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME: Carla Morton

20 Filer ID (Ethics Commission Filers): 00081843

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1	☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 4200.00
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4		SCHEDULE E: LOANS	$
5		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 3208.40
6	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 199.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form

1 Total pages Schedule A1 1 / 1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
	Carla Morton	
	6 Contributor address; City; State; Zip Code	00081843
3/26/2019	Beth Llewellyn McLaughlin	$ 50.00
	8 Principal occupation / job title (See Instructions) 9 Employer (See Instructions)	
Date	6156 Waco Way, Fort Worth, TX 76133 Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
	Lynne Sanchez	
	Contributor address; City; State; Zip Code	
3/26/2019	Jana	$ 50.00
	[redacted]	
3/26/2019	Jana	$ 100.00
	P.O. Box 2068, Waxahachie, TX 75168 ☐ out-of-state PAC (ID#:)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:)	
4/5/2019	Steve Williams	$ 50.00
	5828 Waltham Avenue, Fort Worth, TX 76133	

ONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form

1 Total pages Schedule A1

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date | 5 | tor ☐ out (ID) | 7 Amount of contribution ($)

Deardo

6 Ci ;

2 5 Stadium Drive, Fort Worth, TX 76109

8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions)

Carla Morton | 00081843

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

4/8/2019 | Gwenn Burud

Contributor address; City; State; Zip Code | $ 250.00

9832 Gallatin Lane Fort Worth TX 76177

[redacted]

11/11/2011 | $ 100.00

4/11/2019 | r Fort Worth Association of Realtor PAC

Contributor address; City; State; Zip Code | $ 3,000.00

2650 Parkview Drive, Fort Worth, TX 76102

Date | Full name of contributor ☐ out-of-state PAC (| Amount of contribution ($)

4/17/2019 | $ 150.00

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

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

Todd Conner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form

1 Total pages Schedule A1 3/4

3 FILER NAME Carla Morton

☐ out-of-state PAC (ID#:)

4/17/2019 $ 100.00

4/17/2019 6375 Greenway Road, Fort Worth, TX 76116 $ 50.00

4/17/2019 $

Larry Wilson

6 Contributor address; City; State; Zip Code

2305 Colonial Parkway, Fort Worth, TX 76109

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

o ☐ out-of-stat C (ID)

ield

4/23/2019 r City; e; $ 100.00

MONETARY POLITICAL CONTRIBUTIONS A

1 Total pages Schedule A1: 4/4

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date 5 Full name of contributor ☐ out-of-state PAC 7 Amount of contribution ($)

n/a

6 Contributor address; City; State; Zip Code

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

Date ☐ out-of-state PAC (ID#:)

The Instruction Guide explains how to complete this form.

Carla Morton 00081843

4/23/2019 Max Kroch 100.00

Full name of contributor Amount of contribution ($)

Contributor address; City; State; Zip Code

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

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

Contributor address City; State; Zip Code

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense

2 FILER NAME [redacted] 3 Filer ID (Ethics Commission Filers)

4 Date 5 [redacted] n Hausenfluke

3/31/2019

6 Amount ($) 7 Payee address; City; State; Zip Code

$100.00 3497 South Hills Avenue, Fort Worth, TX 76109

8 (b) Description

PURPOSE OF EXPENDITURE: Salaries/Wages/ Contract Labor

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

Date | Payee name

4/1/2019 Evan Hausenfluke

Description

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

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

$100.00 3497 South Hills Avenue, Fort Worth, TX 76109

Contribution/Donation Made By Candidate/Officeholder/Political Committee | Gift/Award/Memorial Expense | Printing Expense | Travel Out Of District

Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above)

Credit Card Payment

Date

1 Total pages Schedule F1

PURPOSE OF EXPENDITURE: Salaries es/ Co Labor

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

$100.00 3497 South Hills Avenue, Fort Worth, TX 76109

Description

Payee name

4/14/2019 Evan Hausenfluke

(b) Category (See categories listed at the top of this schedule)

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

POL TICAL EXPEND TURES MADE FRO POL T CAL CONTR BUT ONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

[redacted]

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

[redacted]

5 Payee name
Travis

City; State; Zip Code

[redacted]

(b) Description

[redacted]

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

[redacted]

4 Date
4/19/2019

Parmer

6 Amount ($)
$ [redacted]

OF

Consulting Expense

Date
4/20/2019

Payee name
Evan Hausenfluke

Amount ($) | Payee address; City; State; Zip Code | Check if travel outside of Texas Complete Schedule T. | Check if Austin, TX, officeholder living expense

$ 236.30 3497 South Hills Avenue, Fort Worth, TX 76109

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

PURPOSE OF EXPENDITURE

Salaries / Wages / Contract Labor

Date
4/2

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT ONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total number Schedule K: 1

2 FILER NAME: Carla Morton

3 Filer ID (Ethics Co n Filers): 000818

4 Date	5 Name of person from whom amount is received	8 Amount ($)
4/1/2019	Summit Printing	$199.55

6 Address of person from whom amount is received; City; State; Zip Code: 3134 Marquita Drive, Fort Worth, TX 76116

7 Purpose for which amount is received: Refund of Shi in C es

☐ Check if political contribution returned to filer

Date | Name of person from whom amount is received | Amount ($)

Address of person from whom amount is received; City; State; Zip Code

[redacted]

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date | Name of person from whom amount is received | Amount ($)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date | Name of person from whom amount is received | Amount ($)

Address of person from whom amount is received; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH – FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME Carla Morton

2 Filer ID (Ethics Commission Filers) 00081843

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

[redacted]

FILER WHO IS NOT AN OFFICEHOLDER
Complete A & B below *only* if you are not an officeholder.

A. CAMPAIGN FUNDS

[redacted]

Check only one:

[redacted]

contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder