

CA PAIGN FINA CE REPORT

COVER SHEET PG 1

RECEIVED

1. Filor ID (Election Candidate File) 2. Total Pages Filed

JU 11 2019

Board of Education

7-11-19

7-11-19

CANDIDATE/OFFICEHOLDER

M A I

14 C/OH NAME

Carla Morton

15 Filer ID (Ethics Commission Filers)

00081843

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.

REPAI

PO Box 2246

CAMPAIGN FINANCE REPORT

☐ Additional Pages

Deborah Spangler

☒ GENERAL

COMMITTEE CAMPAIGN TREASURER ADDRESS

COMMITTEE ADDRESS

☐ SPECIFIC

1 TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED
COMMITTEE CAMPAIGN TREASURER NAME

\$ 50.0

TOTAL POLITICAL CONTRIBUTIONS

(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

500.00

EXPENDITURE

TOTALS

3 TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 1061.15

\$ 8355.48

TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

0.00

TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

0.00

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

PO 2246
A TX 78768

17 CONTRIBUTION
TOTALS

Signature of Candidate or Officeholder

SUBTOTALS - 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



SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 450.00

2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. SCHEDULE E: LOANS

\$



SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 7294.33

6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

9.

10.

12.

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$

SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11 ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS
RETURNED TO FILER

\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

1/1

2 FILER NAME

Carla Morton

3 Filer ID (Ethics Commission Filers)

00081843

Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Full name of contributor		Amount of contribution (\$)	

Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Full name of contributor		Amount of contribution (\$)	

Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Full name of contributor		Amount of contribution (\$)	

Contributor address;

Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	City; State; Zip Code	Amount of contribution (\$)
4/27/19	6038 Lovell Ave Ft Worth TX 76116		\$ 250.00
Prin	Job title (See instructions)	9 Employer (See Instructions)	

Date	Full name of contributor	☐ out-of-state PAC (ID#)
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Jason Smith

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

The Instruction Guide explains how to complete this form.

Total pages Schedule F1 2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

4/28/19

5 Payee name

Evan Hau Fluke

6 Amount (\$)

\$100

7 Payee address;

City; State; Zip Code

3497 S. Hills Ave, Ft Worth, TX 76109

8

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

(b) Description

PURPOSE
OF
EXPENDITURE

Salaries /
Contra bar

OF

expenditure to benefit C/OH

Date

5/3/19

Payee name

Travis Parmer

PURPOSE

EXPENDITURE

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Comptroling Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (attach statement if stated)

1 Total pages Schedule F1 2 FILER NAME Carter Morton 3 File 0 4 (lines C) 81 5 (on Files) 3

4 Date 5/19/19 5 Payee name

6 Amount (\$) 250.00 7 Payee address; 3497 S. Hills Dr., Ft Worth, TX 76109 City; State; Zip Code

(b) Description
☐ Check if travel outside of Texas. Complete Schedule 1
☐ 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 1/26/19 Payee name Staples
Amount (\$) 110.39 Payee address; 1660 S. University Dr., Ft Worth TX 76107 City; State; Zip Code

Evan Hansen/Fluke

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

☐ Check if travel outside of Texas. Complete Schedule 1
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office held

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

3 SIGNATURE

4 FILER WHO IS NOT AN OFFICEHOLDER

Complete A & B below only if you are not an officeholder

A. CAMPAIGN FUNDS

Check only one:

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I