

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE 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
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Ms. NICKNAME: Ms. FIRST: Carla LAST: Morton MI: _____ SUFFIX: _____	OFFICE USE ONLY Date Received RECEIVED APR 26 2019 Board of Education Date Hand-delivered or Date Postmarked 4-26-19 Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3000 So. Hulen Street, Suite 124-601, Fort Worth TX 76109		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (682) PHONE NUMBER: 305-6261 EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Ms. NICKNAME: Ms. FIRST: Carla LAST: Morton MI: _____ SUFFIX: _____		
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	<input type="checkbox"/> January 15 <input 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 checked="" 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 3 / 26 / 2019 4 / 24 / 2019		
11 ELECTION	ELECTION DATE Month Day Year 5 / 4 / 2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Fort Worth ISD School Board District 5	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Carla Morton 15 Filer ID (Ethics Commission Filers) 00081843

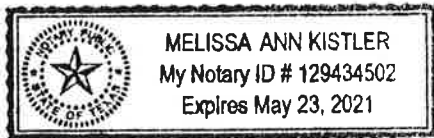
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 55.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4255.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 392.08
	4. TOTAL POLITICAL EXPENDITURES	\$ 3600.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7855.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3500.00

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 Carla Morton, this the 26th day of April, 2019, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Melissa Kistler Printed name of officer administering oath
Notary Title of officer administering oath

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

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4200.00</i>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3208.40</i>
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>199.55</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1/4

2 FILER NAME *Carla Morton*

3 Filer ID (Ethics Commission Filers)
00081843

4 Date *3/26/2019*
5 Full name of contributor out-of-state PAC (ID#: _____)
Beth Llewellyn McLaughlin
6 Contributor address; City; State; Zip Code
6156 Waco Way, Fort Worth, TX 76133

7 Amount of contribution (\$)
\$ 50.00

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

Date *3/26/2019*
Full name of contributor out-of-state PAC (ID#: _____)
Jana Lynne Sanchez
Contributor address; City; State; Zip Code
P.O. Box 2068, Waxahachie, TX 75168

Amount of contribution (\$)
\$ 50.00

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

Date *3/28/2019*
Full name of contributor out-of-state PAC (ID#: _____)
Jana Lynne Sanchez
Contributor address; City; State; Zip Code
P.O. Box 2068, Waxahachie, TX 75168

Amount of contribution (\$)
\$ 100.00

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

Date *4/8/2019*
Full name of contributor out-of-state PAC (ID#: _____)
Steve Williams
Contributor address; City; State; Zip Code
5828 Waltham Avenue, Fort Worth, TX 76133

Amount of contribution (\$)
\$ 50.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2/4**

2 FILER NAME **Carla Morton**

3 Filer ID (Ethics Commission Filers)
00081843

4 Date
4/8/2019

5 Full name of contributor out-of-state PAC (ID#: _____)
Daralynn Deardorff

7 Amount of contribution (\$)
\$ 250.00

6 Contributor address; City; State; Zip Code
2825 Stadium Drive, Fort Worth, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4/11/2019

Full name of contributor out-of-state PAC (ID#: _____)
Gwenn Burud

Amount of contribution (\$)
\$ 100.00

Contributor address; City; State; Zip Code
9832 Gallatin Lane, Fort Worth, TX 76177

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/11/2019

Full name of contributor out-of-state PAC (ID#: _____)
Greater Fort Worth Association of REALTOR PAC

Amount of contribution (\$)
\$ 3,000.00

Contributor address; City; State; Zip Code
2650 Parkview Drive, Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/17/2019

Full name of contributor out-of-state PAC (ID#: _____)
Todd Cowan

Amount of contribution (\$)
\$ 150.00

Contributor address; City; State; Zip Code
2401 Stadium Drive, Fort Worth, TX 76109

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3/4**

2 FILER NAME **Carla Morton**

3 Filer ID (Ethics Commission Filers)
00081843

4 Date
4/17/2019

5 Full name of contributor out-of-state PAC (ID#: _____)
Larry Wilson

6 Contributor address; City; State; Zip Code
2305 Colonial Parkway, Fort Worth, TX 76109

7 Amount of contribution (\$)
\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4/17/2019

Full name of contributor out-of-state PAC (ID#: _____)
Larry Hale

Contributor address; City; State; Zip Code
6375 Greenway Road, Fort Worth, TX 76116

Amount of contribution (\$)
\$ 50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/17/2019

Full name of contributor out-of-state PAC (ID#: _____)
Anita Quinones

Contributor address; City; State; Zip Code
4232 Selkirk Drive W, Fort Worth, TX 76109

Amount of contribution (\$)
\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/23/2019

Full name of contributor out-of-state PAC (ID#: _____)
Shelly Whitfield

Contributor address; City; State; Zip Code
2020 Glenco Terr, FtWorth TX 76110

Amount of contribution (\$)
\$ 100.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4/4**

2 FILER NAME **Carla Morton**

3 Filer ID (Ethics Commission Filers)
00081843

4 Date
4/23/2019

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

6 Contributor address; City; State; Zip Code

Max Kroechmal
1509 S. Lake St., Ft Worth TX 76104

7 Amount of contribution (\$)
100.00

8 Principal occupation / Job title (See Instructions)

9 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)

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)

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)

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling 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 (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Carla Morton	3 Filer ID (Ethics Commission Filers) 00081843
4 Date 3/31/2019	5 Payee name Evan Hausenfluke	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 3497 South Hills Avenue, Fort Worth, TX 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries / Wages / Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 4/7/2019	Candidate / Officeholder name Evan Hausenfluke	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 3497 South Hills Avenue, Fort Worth, TX 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries / Wages / Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 4/14/2019	Candidate / Officeholder name Evan Hausenfluke	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 3497 South Hills Avenue, Fort Worth, TX 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries / Wages / Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage 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 Carla Morton	3 Filer ID (Ethics Commission Filers) 00081843
4 Date 4/19/2019	5 Payee name Travis Parmer	
6 Amount (\$) \$2,572.10	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 4/20/2019	Payee name Evan Hausenfluke	
Amount (\$) \$ 236.30	Payee address; City; State; Zip Code 3497 South Hills Avenue, Fort Worth, TX 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries / Wages / Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 4/21/2019	Payee name Evan Hausenfluke	
Amount (\$) \$ 100.00	Payee address; City; State; Zip Code 3497 South Hills Avenue, Fort Worth, TX 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries / Wages / Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: **1**

2 FILER NAME **Carla Morton**

3 Filer ID (Ethics Commission Filers) **00081843**

4 Date
4/1/2019

5 Name of person from whom amount is received
Summit Printing

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

8 Amount (\$)
\$199.55

7 Purpose for which amount is received Check if political contribution returned to filer
Refund of Shipping Charges

Date

Name of person from whom amount is received

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

Amount (\$)

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

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

Amount (\$)

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

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

Amount (\$)

Purpose for which amount is received Check if political contribution returned to filer

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

Signature of Candidate / Officeholder

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 may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder