

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

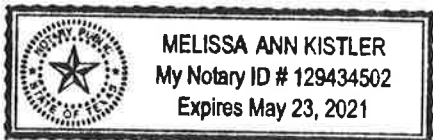
The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00081843	2 Total pages filed: 19
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Carla H. <small>NICKNAME LAST SUFFIX</small> Morton	OFFICE USE ONLY Date Received <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">APR 03 2019</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">Board of Education</div>	
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 PHONE NUMBER EXTENSION (682) 305-6261		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Carla <small>NICKNAME LAST SUFFIX</small> Morton	Date <u>Hand-delivered</u> or Date Postmarked 4-3-19 Receipt # Amount \$ Date Processed 4-4-19 Date Imaged 4-4-19	
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 PHONE NUMBER EXTENSION (682) 305-6261		
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 Month Day Year 1 / 1 / 2019 THROUGH 3 / 25 / 2019		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 / 4 / 2019 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Trustee District 5 Fort Worth ISD School Board	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME <u>Carla Morton</u>		15 Filer ID (Ethics Commission Filers) <u>000 81843</u>	
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	
<input type="checkbox"/> Additional Pages		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	\$	<u>151.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<u>4,726.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	<u>340.87</u>
	4. TOTAL POLITICAL EXPENDITURES	\$	<u>4,322.84</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	<u>5,747.18</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<u>3,500.00</u>

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Carla Morton, this the 3rd day of 3rd, 20 19, 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 Public

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)**

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,575.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 3,000.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,981.97
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 type="checkbox"/> 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 of 8
2 FILER NAME Carla Morton		3 Filer ID (Ethics Commission Filers) 00081843
4 Date 1/10/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Leslie Hawke 6 Contributor address; City; State; Zip Code 700 Quail Ridge, Aledo, TX 76008	7 Amount of contribution (\$) \$ 50.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 1/10/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Caldera Altheria Contributor address; City; State; Zip Code 2201 Eden Avenue, Haltom City, TX 76117	Amount of contribution (\$) \$ 50.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 1/10/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles Boswell Contributor address; City; State; Zip Code 5213 Byers Avenue, Fort Worth, TX 76107	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 1/10/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nancy Sommerman Contributor address; City; State; Zip Code 1968 Lipscomb Street, Fort Worth, TX 76110	Amount of contribution (\$) \$ 50.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 8

2 FILER NAME

Carla Morton

3 Filer ID (Ethics Commission Filers)

00081843

4 Date

1/10/2019

5 Full name of contributor

☐ out-of-state PAC (ID#)

Rodney Wade

6 Contributor address;

City; State; Zip Code

1404 So. Adams Street, Fort Worth TX 76104

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

1/10/2019

Full name of contributor

☐ out-of-state PAC (ID#)

Jason Smith

Contributor address;

City; State; Zip Code

2200 Alston Avenue, Fort Worth, TX 76110

Amount of contribution (\$)

\$ 75.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

1/10/2019

Full name of contributor

☐ out-of-state PAC (ID#)

Jaci Crim-McCrory

Contributor address;

City; State; Zip Code

4817 Overton Hollow, Fort Worth, TX 76109

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

1/10/2019

Full name of contributor

☐ out-of-state PAC (ID#)

Kim Olson Campaign

Contributor address;

City; State; Zip Code

P.O. Box 615, Mineral Wells, TX 76068

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

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 of 8

2 FILER NAME

Carla Morton

3 Filer ID (Ethics Commission Filers)

00081843

4 Date

1/11/2019

5 Full name of contributor

Carla Brown

☐ out-of-state PAC (ID#:

6 Contributor address; City; State; Zip Code

3210 Woodford Drive, Arlington, TX 76013

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

1/29/2019

Full name of contributor

Ryan Ray

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

2810 Glenda Avenue, Haltom City, TX 76117

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

1/31/2019

Full name of contributor

Beth Llewellyn McLaughlin

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

6156 Waco Way, Fort Worth, TX 76133

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

2/24/2019

Full name of contributor

J. D. Angle

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

2420 So. Adams Street, Fort Worth, TX 76110

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

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 of 8
2 FILER NAME Carla Morton		3 Filer ID (Ethics Commission Filers) 000 81843
4 Date 3/4/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Warren Gould 6 Contributor address; City; State; Zip Code 3704 Crestline Road, Fort Worth, TX 76107	7 Amount of contribution (\$) \$ 250.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 3/4/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Rogers Contributor address; City; State; Zip Code 3623 Encanto Drive, Fort Worth, TX 76109	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 3/4/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LeAnn Behrens Contributor address; City; State; Zip Code 2244 Winton Terrace W, Fort Worth, TX 76109	Amount of contribution (\$) \$ 300.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 3/4/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary Lattimore Contributor address; City; State; Zip Code 500 W. 7 th Street, #1802, Fort Worth, TX 76102	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions) Owner - Lattimore Group		Employer (See Instructions) Lattimore Group
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 8

2 FILER NAME

Carla Morton

3 Filer ID (Ethics Commission Filers)

000 81843

4 Date

3/4/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kathy Spicer

6 Contributor address;

City; State; Zip Code

6038 Love 11 Avenue, Fort Worth, TX 76116

7 Amount of contribution (\$)

\$ 500.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

3/4/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Susan Nuss

Contributor address;

City; State; Zip Code

1808 Granada Road, Fort Worth, TX 76116

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

3/4/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Leslie Oliver

Contributor address;

City; State; Zip Code

6329 Lakeside Drive, Fort Worth, TX 76135

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

3/4/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Hilary Weinstein

Contributor address;

City; State; Zip Code

3100 W. 7th Street,
Apt # 803, Fort Worth, TX 76107

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

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:

6 of 8

2 FILER NAME

Carla Morton

3 Filer ID (Ethics Commission Filers)

00081843

4 Date

3/4/2019

5 Full name of contributor

☐ out-of-state PAC (ID#)

Anita McCrary

6 Contributor address;

City; State; Zip Code

3917 Potomac Avenue, Fort Worth, TX 76107

7 Amount of contribution (\$)

\$ 50.00

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

3/4/2019

Full name of contributor

☐ out-of-state PAC (ID#)

Mary Beth Lampe

Contributor address;

City; State; Zip Code

3909 Stonehenge, Ft Worth TX 76109

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

3/4/2019

Full name of contributor

☐ out-of-state PAC (ID#)

Robert Christian

Contributor address;

City; State; Zip Code

3112 Preston Hollow, Ft Worth TX 76109

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

3/5/2019

Full name of contributor

☐ out-of-state PAC (ID#)

Deborah Whitton

Contributor address;

City; State; Zip Code

4215 Warnock Court, Fort Worth, TX 76109

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

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: 7 of 8
2 FILER NAME Carla Morton		3 Filer ID (Ethics Commission Filers) 00081843
4 Date 3/5/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Susan Whittaker 6 Contributor address; City; State; Zip Code 5421 Huntley Drive, Fort Worth, TX 76109	7 Amount of contribution (\$) \$ 50.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 3/8/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe Greenslade Contributor address; City; State; Zip Code 319 Templeton Drive, Fort Worth, TX 76107	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 3/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Warren Marks Contributor address; City; State; Zip Code 2309 Medford Court E., Fort Worth, TX 76109	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 3/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Laurie Kelfer Contributor address; City; State; Zip Code 4941 River bend Drive, Fort Worth TX 76109	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8 of 8

2 FILER NAME

Carla Morton

3 Filer ID (Ethics Commission Filers)

00081843

4 Date

3/20/2019

5 Full name of contributor

Jason Smith

☐ out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

2200 Alston Avenue, Fort Worth, TX 76110

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

3/5/2019

Full name of contributor

Kathleen Culebro

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

3850 Washburn Avenue, Fort Worth, TX 76107

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

3/5/2019

Full name of contributor

Jody Sanders

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

2533 Lubbock Avenue, Fort Worth, TX 76109

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

3/5/2019

Full name of contributor

Garland Asher

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

2300 Mistletoe Drive, Fort Worth, TX 76110

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1	
2 FILER NAME Carla Morton		3 Filer ID (Ethics Commission Filers) 000 81843	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 3,000.00	
5 Date 3/15/2019	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greater Fort Worth Association of Realtors 7 Pledgor address; City; State; Zip Code 2650 Parkview Drive, Fort Worth, TX 76102		8 Amount of Pledge \$ \$3,000.00 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions) Realtor		11 Employer (See Instructions) Greater Fort Worth Assoc. of Realtors	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code		Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code		Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code		Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check 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 EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 7		2 FILER NAME Carla Morton		3 Filer ID (Ethics Commission Filers) 00081843	
4 Date 1/6/2019		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		Candidate / Officeholder name		Office sought Office held	
Date 1/13/2019		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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/20/2019		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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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	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 of 7	2 FILER NAME Carla Morton	3 Filer ID (Ethics Commission Filers) 000 81843			
4 Date 1/27/2019	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					
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 2/3/2019	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				
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 2/10/2019	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				
<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 7		2 FILER NAME Carla Morton		3 Filer ID (Ethics Commission Filers) 000 81843	
4 Date 2/12/2019		5 Payee name Travis Parmer			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code P.O. Box 11517, Ft. Worth, TX 76110			
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 2/14/2019		Payee name Tanglewood PTA			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 3060 Overton Park Drive W, Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		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		Candidate / Officeholder name		Office sought Office held	
Date 2/17/2019		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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 7		2 FILER NAME Carla Morton		3 Filer ID (Ethics Commission Filers) 00081843	
4 Date 1/25/2019		5 Payee name Texas Democratic Party			
6 Amount (\$) \$370.00		7 Payee address; City; State; Zip Code 1106 Lavaca Street, #100, Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/22/2019		Payee name Summit Printing			
Amount (\$) \$1,459.55		Payee address; City; State; Zip Code 3134 Marquita Drive, Fort Worth, TX 76116			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/24/2019		Payee name Evan Hausenfluke			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 3497 South Hills Avenue, Fort Worth, TX			
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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Candidate/Officeholder/Political Committee
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Food/Beverage Expense
Gift/Awards/Memorials Expense
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Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 7		2 FILER NAME Carla Morton		3 Filer ID (Ethics Commission Filers) 00081843	
4 Date 3/3/2019		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		Candidate / Officeholder name		Office sought	
Date 3/10/2019		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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/17/2019		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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 of 7		2 FILER NAME Carla Morton		3 Filer ID (Ethics Commission Filers) 000 81843	
4 Date 3/24/2019		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		Candidate / Officeholder name		Office sought Office held	
Date 1/4/2019		Payee name Print Runner			
Amount (\$) \$184.25		Payee address; City; State; Zip Code 1431 W. Knox Street, B700, Torrance, CA 90501			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		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		Candidate / Officeholder name		Office sought Office held	
Date 1/10/2019		Payee name T & P Tavern			
Amount (\$) \$101.25		Payee address; City; State; Zip Code 221 W. Lancaster Avenue, Fort Worth, TX 76102			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		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		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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Gift/Awards/Memorials Expense
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Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <div style="font-size: 1.2em;">7 of 7</div>	2 FILER NAME <div style="font-size: 1.2em;">Carla Morton</div>	3 Filer ID (Ethics Commission Filers) <div style="font-size: 1.2em;">000 81843</div>
4 Date <div style="font-size: 1.2em;">3/18/2019</div>	5 Payee name <div style="font-size: 1.2em;">Spec's</div>	
6 Amount (\$) <div style="font-size: 1.2em;">\$ 166.92</div>	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">2750 So. Hulen Street, Fort Worth, TX 76109</div>	
8 <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Food/Beverages Expense</div>	(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		
<div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<div style="display: flex; justify-content: space-between;"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held </div>		

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<div style="display: flex; justify-content: space-between;"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held </div>		

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