

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: 23
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Carla H.	MI
	NICKNAME	LAST Morton	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 4100 Hartwood Dr. Fort Worth, TX 76109		ZIP CODE
	Date Received ELECTRONICALLY FILED 01/14/2019 JAN 18 2019		Date Hand-delivered or Date Postmarked Board of Education
	Receipt #	Amount	
	Date Processed 1-23-19	Date Imaged 1-23-19	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Carla H.	MI
	NICKNAME	LAST Morton	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4100 Hartwood Dr. Fort Worth, TX 76109		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
8 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10/28/2018 12/31/2018		
10 ELECTION	ELECTION DATE Month Day Year 11/06/2018		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	11 OFFICE OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Board Of Education District 11

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 23

13 C / OH NAME	Morton, Carla H. (Ms.)	14 Filer ID	(Ethics Commission Filers) 00081843
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	557.55
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	483.69
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,071.02
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,500.00

17 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.

Ms. Carla H. Morton

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3
3 of 23

18 FILER NAME Morton, Carla H. (Ms.)		19 Filer ID (Ethics Commission Filers) 00081843
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 557.55
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 3,500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 483.69
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES 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:
Sch: 1/6 Rpt: 4/23

2 FILER NAME

Morton, Carla H. (Ms.)

3 Filer ID (Ethics Commission Filers)
00081843

4 Date

11/23/2018

5 Full name of contributor

Allen, Ernest

☐ out-of-state PAC (ID#: _____)

7 Amount of Contribution (\$)

\$2.00

6 Contributor address; City; State; Zip Code

2373 NW 185th Avenue #103

Hillsboro, OR 97124

8 Principal occupation / Job title (See Instructions)

Consultant

9 Employer (See Instructions)

TestWare Consulting

Date

10/30/2018

Full name of contributor

Becker, Karl

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$1.00

Contributor address; City; State; Zip Code

60 Calumet Street

Roxbury Crossing, MA 12120

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Third Iron LLC

Date

11/11/2018

Full name of contributor

Clark, Sarah

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$1.19

Contributor address; City; State; Zip Code

4332 Potomac Avenue

Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Retired

Date

11/01/2018

Full name of contributor

Clark, Tobin

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$4.55

Contributor address; City; State; Zip Code

4005 West 6th Street

Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Williamson-Dickie Mfg. Co.

Date

11/11/2018

Full name of contributor

Galloway, Toby

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$1.14

Contributor address; City; State; Zip Code

2825 Manorwood Trail

Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Kelly Hart & Hallman LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 2/6 Rpt: 5/23

2 FILER NAME

Morton, Carla H. (Ms.)

3 Filer ID (Ethics Commission Filers)
00081843

4 Date
10/29/2018

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Garcia MD, Catalina E

7 Amount of Contribution (\$)
\$4.55

6 Contributor address; City; State; Zip Code
P.O.Box 821388-314
Dallas, TX 75382

8 Principal occupation / Job title (See Instructions)
Physician

9 Employer (See Instructions)
self

Date
10/28/2018

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Gardner, Cheryl

Amount of Contribution (\$)
\$3.57

Contributor address; City; State; Zip Code
2609 Juniper Ct
Bedford, TX 76021

Principal occupation / Job title (See Instructions)
Not employed

Employer (See Instructions)
Not employed

Date
11/10/2018

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Gonzales, Ceclia

Amount of Contribution (\$)
\$1.09

Contributor address; City; State; Zip Code
300 HALLMARK DR.
Arlington, TX 76011

Principal occupation / Job title (See Instructions)
Self-Employed

Employer (See Instructions)
GonzalesLaborSystemsInc.

Date
12/27/2018

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Huggins, Michael

Amount of Contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
6950 Chase Ridge Trl
Ft Worth, TX 76137

Principal occupation / Job title (See Instructions)
Technical Writer

Employer (See Instructions)

Date
12/27/2018

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Ivey, James

Amount of Contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
3202 Carisbrooke ct
Colleyville, TX 76034

Principal occupation / Job title (See Instructions)
Investment manager

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 3/6 Rpt: 6/23

2 FILER NAME

Morton, Carla H. (Ms.)

3 Filer ID (Ethics Commission Filers)
00081843

4 Date
11/01/2018

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Johnsson, Inge

7 Amount of Contribution (\$)
\$1.13

6 Contributor address; City; State; Zip Code
6020 Van Horn Ln
Frisco, TX 75034

8 Principal occupation / Job title (See Instructions)
Sales Director

9 Employer (See Instructions)
Ericsson

Date
10/28/2018

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Lagerblad, Robert

Amount of Contribution (\$)
\$1.13

Contributor address; City; State; Zip Code
2006 Ledgestone Dr.
Corinth, TX 76210

Principal occupation / Job title (See Instructions)
Self-employed

Employer (See Instructions)
Merlin Automation Inc.

Date
10/30/2018

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Leaders, Ron

Amount of Contribution (\$)
\$2.27

Contributor address; City; State; Zip Code
9330 SW 216th Street
Vashon, WA 98070

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Contract Solutions Group

Date
11/21/2018

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Mayfield, Edy Lou

Amount of Contribution (\$)
\$20.00

Contributor address; City; State; Zip Code
6140 Avery Drive apt 6103
Fort Worth, TX 76132

Principal occupation / Job title (See Instructions)
Not employed

Employer (See Instructions)
Not employed

Date
11/23/2018

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Miller, Rachel

Amount of Contribution (\$)
\$11.11

Contributor address; City; State; Zip Code
6551 Greenway Rd
Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)
Food Service

Employer (See Instructions)
HEB

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/23
2 FILER NAME Morton, Carla H. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081843
4 Date 10/29/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pope, Betty <hr/> 6 Contributor address; City; State; Zip Code 5616 Wharton Drive Fort Worth, TX 76133	7 Amount of Contribution (\$) \$1.13
8 Principal occupation / Job title (See Instructions) Admin. Specialist		9 Employer (See Instructions) Weatherford Int'l
Date 11/10/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ringo, Mica <hr/> Contributor address; City; State; Zip Code PO Box 92332 Southlake, TX 76051	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) n/a		Employer (See Instructions)
Date 12/28/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Jana <hr/> Contributor address; City; State; Zip Code 112 W Randol Mill Rd Arlington, TX 76011	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 11/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schnoebelen, Eric <hr/> Contributor address; City; State; Zip Code P.O.Box 868013 Plano, TX 75086	Amount of Contribution (\$) \$1.14
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Self
Date 11/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selby, Adam <hr/> Contributor address; City; State; Zip Code 415 Jagoe St Denton, TX 76201	Amount of Contribution (\$) \$2.27
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) 88 Oak

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/23
2 FILER NAME Morton, Carla H. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081843
4 Date 10/31/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shipp, Jason 6 Contributor address; City; State; Zip Code 2213 Willard Drive McKinney, TX 75070	7 Amount of Contribution (\$) \$1.14
8 Principal occupation / Job title (See Instructions) Creative Director		9 Employer (See Instructions) Moroch Partners
Date 11/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smyrl, Daphne Contributor address; City; State; Zip Code 4625 Prairie Crossing Drive Keller, TX 76244	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) Birdville ISD
Date 10/31/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stang, Rebecca Contributor address; City; State; Zip Code 225 Hillberg Avenue Brockton, MA 12301	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Canton Public Schools
Date 11/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinsiek, Rebecca Contributor address; City; State; Zip Code 6198 Bear Creek Dr. E. Fort Worth, TX 76126	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Admin Assistant		Employer (See Instructions) FWISD
Date 11/14/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendy, Wood Contributor address; City; State; Zip Code 292 Jayne Ave Oakland, CA 94610	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/23
2 FILER NAME Morton, Carla H. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081843
4 Date 11/10/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Angela	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code 5828 Waltham Ave Fort Worth, TX 76133	
8 Principal occupation / Job title (See Instructions) Editor/Archivist		9 Employer (See Instructions) CBS Television Stations Group
Date 10/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) jackson, larry	Amount of Contribution (\$) \$1.14
	Contributor address; City; State; Zip Code 2421 mollimar dr plano, TX 75075	
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 1/1 Rpt: 10/23	
2 FILER NAME Morton, Carla H. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081843	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 11/23
2 FILER NAME Morton, Carla H. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081843
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 12/31/2018	7 Name of lender Carla, Morton <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$3,500.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 4100 Hartwood Dr. Ft Worth, TX 76109	10 Interest Rate 0.0
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Neuropsychologist		13 Employer (See Instructions) Cook Children's Medical Center
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES 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: Sch: 1/12 Rpt: 12/23		2 FILER NAME Morton, Carla H. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081843	
4 Date 10/28/2018		5 Payee name ActBlue Texas			
6 Amount (\$) \$0.15		7 Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/28/2018		Payee name ActBlue Texas			
Amount (\$) \$0.05		Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/29/2018		Payee name ActBlue Texas			
Amount (\$) \$0.05		Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES 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: Sch: 2/12 Rpt: 13/23	2 FILER NAME Morton, Carla H. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081843
4 Date 10/29/2018	5 Payee name ActBlue Texas	
6 Amount (\$) \$0.18	7 Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2018	Payee name ActBlue Texas	
Amount (\$) \$0.04	Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2018	Payee name ActBlue Texas	
Amount (\$) \$0.09	Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 3/12 Rpt: 14/23	2 FILER NAME Morton, Carla H. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081843
4 Date 10/30/2018	5 Payee name ActBlue Texas	
6 Amount (\$) \$0.05	7 Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/31/2018	Candidate/Officeholder name Payee name ActBlue Texas	
Amount (\$) \$0.05	Office sought Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/31/2018	Candidate/Officeholder name Payee name ActBlue Texas	
Amount (\$) \$0.20	Office sought Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES 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: Sch: 4/12 Rpt: 15/23	2 FILER NAME Morton, Carla H. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081843
4 Date 11/01/2018	5 Payee name ActBlue Texas	
6 Amount (\$) \$0.05	7 Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2018	Payee name ActBlue Texas	
Amount (\$) \$0.79	Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2018	Payee name ActBlue Texas	
Amount (\$) \$0.18	Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 5/12 Rpt: 16/23		2 FILER NAME Morton, Carla H. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081843	
4 Date 11/01/2018		5 Payee name ActBlue Texas			
6 Amount (\$) \$0.40		7 Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/03/2018		Payee name ActBlue Texas			
Amount (\$) \$0.09		Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/10/2018		Payee name ActBlue Texas			
Amount (\$) \$0.05		Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES 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: Sch: 6/12 Rpt: 17/23		2 FILER NAME Morton, Carla H. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081843	
4 Date 11/10/2018		5 Payee name ActBlue Texas			
6 Amount (\$) \$0.99		7 Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held			
Date 11/11/2018		Payee name ActBlue Texas			
Amount (\$) \$0.05		Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held			
Date 11/11/2018		Payee name ActBlue Texas			
Amount (\$) \$0.05		Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held			
Date 11/11/2018		Payee name ActBlue Texas			
Amount (\$) \$0.05		Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held			

POLITICAL EXPENDITURES 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: Sch: 7/12 Rpt: 18/23	2 FILER NAME Morton, Carla H. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081843
4 Date 11/14/2018	5 Payee name ActBlue Texas	
6 Amount (\$) \$0.04	7 Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/21/2018	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$0.79	Payee name ActBlue Texas Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/23/2018	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$0.44	Payee name ActBlue Texas Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES 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: Sch: 8/12 Rpt: 19/23	2 FILER NAME Morton, Carla H. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081843
4 Date 11/23/2018	5 Payee name ActBlue Texas	
6 Amount (\$) \$0.05	7 Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/23/2018	Candidate/Officeholder name Payee name ActBlue Texas	
Amount (\$) \$0.08	Office sought Payee address; City; State; Zip Code PO Box 382110 Cambridge, MA 02238-2110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/22/2018	Candidate/Officeholder name Payee name CVS	
Amount (\$) \$30.96	Office sought Payee address; City; State; Zip Code 2603 W Berry St Fort Worth, TX 76109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 printed materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES 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: Sch: 9/12 Rpt: 20/23	2 FILER NAME Morton, Carla H. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081843
4 Date 11/14/2018	5 Payee name Facebook	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
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 advertising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2018	Payee name Leadership ISD	
Amount (\$) \$240.00	Payee address; City; State; Zip Code 1350 Motor Cir Dallas, TX 75207	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 staff training
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/27/2018	Payee name Leadership ISD	
Amount (\$) \$80.00	Payee address; City; State; Zip Code 1350 Motor Cir Dallas, TX 75207	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 staff training
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 10/12 Rpt: 21/23		2 FILER NAME Morton, Carla H. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081843	
4 Date 11/03/2018		5 Payee name Pack N Mail			
6 Amount (\$) \$9.99		7 Payee address; City; State; Zip Code 3000 S Hulen St #124 Fort Worth, TX 76109			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 mailbox	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/03/2018		Payee name Pack N Mail			
Amount (\$) \$10.99		Payee address; City; State; Zip Code 3000 S Hulen St #124 Fort Worth, TX 76109			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 mailbox & pickup	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/27/2018		Payee name PayPal			
Amount (\$) \$1.75		Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES 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: Sch: 11/12 Rpt: 22/23		2 FILER NAME Morton, Carla H. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081843	
4 Date 12/27/2018		5 Payee name PayPal			
6 Amount (\$) \$1.75		7 Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/28/2018		Payee name PayPal			
Amount (\$) \$1.32		Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/10/2018		Payee name Staples			
Amount (\$) \$10.81		Payee address; City; State; Zip Code 1660 S University Dr Fort Worth, TX 76107			
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 print materials	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES 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: Sch: 12/12 Rpt: 23/23		2 FILER NAME Morton, Carla H. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081843	
4 Date 11/24/2018		5 Payee name Staples			
6 Amount (\$) \$24.99		7 Payee address; City; State; Zip Code 1660 S University Dr Fort Worth, TX 76107			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 card reader	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/27/2018		Payee name Staples			
Amount (\$) \$16.22		Payee address; City; State; Zip Code 1660 S University Dr Fort Worth, TX 76107			
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 print materials	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	