#### FORM C/OH CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081843 MS/MRS/MR CANDIDATE / FIRST MΙ **OFFICE USE ONLY OFFICEHOLDER** Ms. Carla H. NAME Date Received ELECTRONICALLY FILED 01/14/2019 NICKNAME LAST SUFFIX Morton IAN 18 2019 CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE **OFFICEHOLDER** 4100 Hartwood Dr. MAILING Receipt # **ADDRESS** Change of Address Fort Worth, TX 76109 Date Processed Date Imaged CAMPAIGN MS/MRS/MR **FIRST** MI **TREASURER** Ms. Carla H. NAME **NICKNAME** LAST SUFFIX Morton CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4100 Hartwood Dr. ADDRESS (Residence or Business) Fort Worth, TX 76109 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** (773) 497-2959 PHONE REPORT **TYPE** X January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) July 15 PERIOD Month Day Year Month Day Year COVERED 10/28/2018 **THROUGH** 12/31/2018 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Primary Runoff Other Year 11/06/2018 X General 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 00081843	(Ethics Commission Filers)	
15 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.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE ADDRESS			
	Si Esirio				
		COMMITTEE CAMPAIGN TREASURE	R NAME		
		COMMITTEE CAMPAIGN TREASURE	R ADDRESS		
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS ARANTEES OF LOANS), UNLESS ITEN		\$ 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 POLITIC	AL EXPENDITURES	8	\$ 483.69	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	\$ 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 AFFADAVIT					
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				
		S	Signature of Candidate or Officeho	lder	
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE			
		aid		day	
of	, 20, to c	ertify which, witness my hand and seal o	f office.		
		n			
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

				5 01 25
18 FILER N	(Ethics Cor	nmission Filers)		
Morton,				
l	DLE SUBTOTALS F SCHEDULE		SUBT	OTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	557.55
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. 🛛	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. X	SCHEDULE E: LOANS		\$	3,500.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	483.69
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/6 Rpt: 4/23 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Morton, Carla H. (Ms.) 00081843 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/23/2018 Allen, Ernest \$2.00 Contributor address; City; State; Zip Code 2373 NW 185th Avenue #103 Hillsboro, OR 97124 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Consultant **TestWare Consulting** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/30/2018 Becker, Karl \$1.00 Contributor address; City; State; Zip Code 60 Calumet Street Roxbury Crossing, MA 12120 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Third Iron LLC Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 11/11/2018 Clark, Sarah \$1.19 Contributor address; City; State; Zip Code 4332 Potomac Avenue Dallas, TX 75205 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/01/2018 Clark, Tobin \$4.55 Contributor address; City; State; Zip Code 4005 West 6th Street Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Williamson-Dickie Mfg. Co. Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/11/2018 Galloway, Toby \$1.14 Contributor address; City; State; Zip Code 2825 Manorwood Trail Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Kelly Hart & Hallman LLP

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/6 Rpt: 5/23 2 FILER NAME Filer ID (Ethics Commission Filers) Morton, Carla H. (Ms.) 00081843 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 10/29/2018 Garcia MD, Catalina E \$4.55 Contributor address; City; State; Zip Code P.O.Box 821388-314 Dallas, TX 75382 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Physician self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/28/2018 Gardner, Cheryl \$3.57 Contributor address; City; State; Zip Code 2609 Juniper Ct Bedford, TX 76021 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Not employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/10/2018 Gonzaes, Ceclia \$1.09 Contributor address; City; State; Zip Code 300 HALLMARK DR. Arlington, TX 76011 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-Emploed GonzalesLaborSystemsInc. Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/27/2018 Huggins, Michael \$50.00 Contributor address; City; State; Zip Code 6950 Chase Ridge Trl Ft Worth, TX 76137 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Technical Writer** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/27/2018 Ivey, James \$50.00 Contributor address; City; State; Zip Code 3202 Carisbrooke ct Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Investment manager

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/6 Rpt: 6/23 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Morton, Carla H. (Ms.) 00081843 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/01/2018 Johnsson, Inge \$1.13 Contributor address; City; State; Zip Code 6020 Van Horn Ln Frisco, TX 75034 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Sales Director Ericsson Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/28/2018 Lagerblad, Robert \$1.13 Contributor address; City; State; Zip Code 2006 Ledgestone Dr. Corinth, TX 76210 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-employed Merlin Automation Inc. Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 10/30/2018 Leaders, Ron \$2.27 Contributor address; City; State; Zip Code 9330 SW 216th Street Vashon, WA 98070 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant **Contract Solutions Group** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/21/2018 Mayfield, Edy Lou \$20.00 Contributor address; City; State; Zip Code 6140 Avery Drive apt 6103 Fort Worth, TX 76132 Employer (See Instructions) Principal occupation / Job title (See Instructions) Not employed Not employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/23/2018 Miller, Rachel \$11.11 Contributor address; City; State; Zip Code 6551 Greenway Rd Fort Worth, TX 76116 Principal occupation / Job title (See Instructions) Employer (See Instructions) Food Service HEB

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

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

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 9/23 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Morton, Carla H. (Ms.) 00081843 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/10/2018 Williams, Angela \$25.00 6 Contributor address; City; State; Zip Code 5828 Waltham Ave Fort Worth, TX 76133 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Editor/Archivist **CBS Television Stations Group** Full name of contributor Date out-of-state PAC (ID#:\_ Amount of Contribution (\$) 10/30/2018 jackson, larry \$1.14 Contributor address; City; State; Zip Code 2421 mollimar dr plano, TX 75075 Principal occupation / Job title (See Instructions) Employer (See Instructions) none 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 pledgorout-of-state PAC (ID#:	3 Amount of pledge (\$)
7 Pledgor Address; City; State; Zip Code	
10 Principal occupation / Job title (See Instructions) 11 Employer (See In	Check if travel outside of Texas. Complete Schedule T,
	,
Forms provided by Texas Ethics Commission www.ethics.state.tx.us	Version V1.1.28ab6150

LOANS			SCHEDULE E
The Instruction Guide explains how to complete this	ges Schedule E: 1 Rpt: 11/23		
2 FILER NAME Morton, Carla H. (Ms.)	5	3 Filer ID 000818	(Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS	\$i		\$ 0.00
5 Date of loan 7 Name of lender out-of-state F 12/31/2018 Carla, Morton	AC (ID#:	)	9 Loan Amount (\$) \$3,500.00
6 Is lender a financial institution?  No  8 Lender address; City; State; 4100 Hartwood Dr.  Ft Worth, TX 76109	Zip Code		10 Interest Rate 0.0 11 Maturity Date
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions	4	
Neuropsychologist	Cook Children's Medica	-	
14 Description of Collateral	15 Check if personal funds we		into political account
X None	X		(See Instructions)
16 GUARANTOR INFORMATION 17 Name of guarantor			19 Amount Guaranteed (\$)
X not applicable 18 Guarantor address; City; State;	Zip Code		
20 Principal occupation	21 Employer (See Instructions	;)	,
		14	

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/12 Rpt: 12/23	Morton, Carla H. (Ms.) 00081843
4	Date	5 Payee name
ı	10/28/2018	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  Check if Iravel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense  ActBlue Service Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
Г	Date	Payee name
	10/28/2018	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  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  ActBlue Service Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Γ	Date	Payee name
1	10/29/2018	ActBlue Texas
	Amount (\$) \$0.05	Payee address; City; State; Zip Code PO Box 382110  Cambridge, MA 02238-2110
r	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense  ActBlue Service Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

	Advertising/Banking Consulting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Of Food/Beverage Expense Pc y - Gift/Awards/Memorials Expense Pr	fice Overhead olling Expense inting Expense alaries/Wages	/Rentał Expense Tra Tra E Tra Contract Labor OTł	citation/I-undraising Expense nsportation Equipment & Related Expense vel in District vel Out of District HER (enter a category not listed above)
┰	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·			er ID (Ethics Commission Filers)
<b> </b> ^	Sch: 2/12 Rpt: 13/23	Morton, Carla H. (Ms.)			081843
Ļ				00	001040
4	Date	5 Payee name			
L	10/29/2018	ActBlue Texas			
6	Amount (\$)	7 Payee address; City; State; Z	ip Code		
ı	\$0.18	PO Box 382110			
		Cambridge, MA 02238-2110			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule	e) (b)	Description	
l	OF EXPENDITURE	Fees		Check if travel outside of	Texas, Complete Schedule T.
l	EXI ENDITORE	7		Check if Austin, TX, office	- · · · · · · · · · · · · · · · · · · ·
l			1	ActBlue Service Fe	9
L					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		e sought		Office held
Г	Date	Payee name			
	10/30/2018	ActBlue Texas			
Г	Amount (\$)	Payee address; City; State; Z	ip Code		
l	\$0.04	PO Box 382110			
l	70				
l		Cambridge, MA 02238-2110			
H	PURPOSE	(a) Category (See Categories listed at the top of this schedul	e) (b)	Description	
l	OF	Fees	,	Check if travel outside of	Texas. Complete Schedule Tai
l	EXPENDITURE			Check if Austin, TX, office	
l				ActBlue Service Fee	9
L					
ı	Complete <u>ONLY</u> if direct expenditure to benefit C/O		e sought		Office held
L					
	Date	Payee name			
	10/30/2018	ActBlue Texas			
Г	Amount (\$)	Payee address; City; State; Z	ip Code		
l	\$0.09	PO Box 382110			
l					
l		Cambridge, MA 02238-2110			
r	PURPOSE	(a) Category (See Categories listed at the top of this schedul	e) (b)	Description	
l	OF EXPENDITURE	Fees	,	Check if travel outside of	Texas, Complete Schedule T <sub>sc</sub>
l	EXPENDITURE			Check if Austin, TX, office	= '
ı				ActBlue Service Fee	9
L					
	Complete ONLY if direct expenditure to benefit C/O		e sought		Office held
L	5. p. s.				
L					

### SCHEDULE F1

**CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Fees Office Overhead/Rental Expense Consulting Expense
Contributions/ Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID (Ethics Commission Filers) Sch: 3/12 Rpt: 14/23 Morton, Carla H. (Ms.) 00081843 4 Date Payee name 10/30/2018 ActBlue Texas 6 Amount (\$) Payee address; City; State; Zip Code \$0.05 PO Box 382110 Cambridge, MA 02238-2110 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense ActBlue Service Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/31/2018 **ActBlue Texas** City; Amount (\$) Payee address; State; Zip Code \$0.05 PO Box 382110 Cambridge, MA 02238-2110 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees EXPENDITURE Check if Austin, TX, officeholder living expense ActBlue Service Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/31/2018 ActBlue Texas Amount (\$) Payee address; City; State; Zip Code \$0.20 PO Box 382110 Cambridge, MA 02238-2110 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense ActBlue Service Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Office Overhead/Rental Expense Consulting Expense
Contributions/ Donations Made By Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) 00081843 Sch: 4/12 Rpt: 15/23 Morton, Carla H. (Ms.) 4 Date Payee name 11/01/2018 ActBlue Texas State; Zip Code 6 Amount (\$) Payee address; City; PO Box 382110 \$0.05 Cambridge, MA 02238-2110 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T Fees **EXPENDITURE** Check if Auslin, TX, officeholder living expense ActBlue Service Fee Candidate/Officeholder name Office sought Office held Complete **ONLY** if direct expenditure to benefit C/OH Date Payee name 11/01/2018 **ActBlue Texas** Amount (\$) Payee address; City; State; Zip Code \$0.79 PO Box 382110 Cambridge, MA 02238-2110 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense ActBlue Service Fee Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 11/01/2018 ActBlue Texas State; Zip Code Amount (\$) Payee address; City; \$0.18 PO Box 382110 Cambridge, MA 02238-2110 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense ActBlue Service Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## POLITICAL EXPENDITURES FROM POLITICAL

## SCHEDULE F1

CONTRIBUTIO	NS	SCHEDOLL 1 4
Advertising Expense Accounting/Banking Consulting Expense	Fees Office Offi	payment/Reimbursement Solicitation/Fundraising Expense rerhead/Rental Expense Transportation Equipment & Related Expense xpense Travel in District
Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 5/12 Rpt: 16/23	Morton, Carla H. (Ms.)	00081843
4 Date 11/01/2018	5 Payee name ActBlue Texas	
6 Amount (\$) \$0.40	7 Payee address; City; State; Zip C PO Box 382110  Cambridge, MA 02238-2110	ode
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  ActBlue Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught Office held
Date	Рауее пате	
11/03/2018	ActBlue Texas	
Amount (\$)	Payee address; City; State; Zip C	ode
\$0.09	PO Box 382110	
1		· ×
	Cambridge, MA 02238-2110	Ias
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	rees	Check if Austin, TX, officeholder living expense
		ActBlue Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught Office held
Date	Payee name	
11/10/2018	ActBlue Texas	
Amount (\$)	Payee address; City; State; Zip C	ode
\$0.05	PO Box 382110	
	Cambridge, MA 02238-2110	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas, Complete Schedule T.
		Check if Austin, TX, officeholder living expense  ActBlue Service Fee
_	:	Actibility Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught Office held

## SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Ex			Travel in District Travel Out of Di	
	orean card r ayment		The Instruction Guide explain	s how to co	mplete this form.			
1	Total pages Schedule F1:	2 FILER NAM	E			3	Filer ID	(Ethics Commission Filers)
	Sch: 6/12 Rpt: 17/23	Morton, Ca	arla H. (Ms.)				00081843	
1	Date					_		
7	11/10/2018	5 Payee name ActBlue Te						
6	Amount (\$)	7 Payee addr	ess; City; Stat	e; Zip Co	de			
	\$0.99	PO Box 38						
		Cambridge	e, MA 02238-2110					
8	PURPOSE	(a) Category (	See Categories listed at the top of this s	chedule)	(b) Description			
	OF EXPENDITURE	Fees					ide of Texas, Com	
							, officeholder living	expense
				1	ActBlue Serv	ice	⊢ee	
9	Complete <u>QNLY</u> if direct expenditure to benefit C/Ol		ficeholder name	Office soug	<b>jht</b>		Office he	eld
	Date	Payee name	2					
	11/11/2018	ActBlue Te					×.	
_	Amount (\$)	Payee addr	ess; City; Stat	e; Zip Co	10			
	. ,	PO Box 38		e, zip Coi	ie –			
	\$0.05	PO BOX 38	2110					
								=
		Cambridge	e, MA 02238-2110					
	PURPOSE	(a) Category	See Categories listed at the top of this s	chedule)	(b) Description			
	OF	Fees	see categories listed at the top of this s	oneduic)	'	outsi	de of Texas, Com	plete Schedule T.
	EXPENDITURE				Check if Austin	, TX,	officeholder living	expense
					ActBlue Serv	ice	Fee	
	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office soug	ght		Office he	eld
_	Date	Payee name						
	11/11/2018	ActBlue Te						
	11/11/2018	ACIDIGE 16						
	Amount (\$)	Payee addr		e; Zip Co	de			
	\$0.05	PO Box 38	2110					
		Cambridge	e, MA 02238-2110					
	PURPOSE	(a) Category (	See Categories listed at the top of this s	chedule)	(b) Description			
	OF EXPENDITURE	Fees		- 1			de of Texas, Com	
	- A LIBITORE				_		officeholder living	expense
					ActBlue Servi	ice	⊢ee	
								8
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office soug	yht		Office he	eld

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor	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
_			000010-10
4	Date 11/14/2018	5 Payee name ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.04	PO Box 382110	
		Cambridge, MA 02238-2110	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EVENDER DE		outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		ActBlue Servi	ce Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/21/2018	ActBlue Texas	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.79	PO Box 382110	
	Ψ0.13	1 O BOX 302110	
		Cambridge, MA 02238-2110	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 663	outside of Texas. Complete Schedule T.
			TX, officeholder living expense
		ActBlue Servi	се нее
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Oi		
	Date	Payee name	
	11/23/2018	ActBlue Texas	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.44	PO Box 382110	
	Ψ0,44	FO BOX 302110	
		Cambridge, MA 02238-2110	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 003	utside of Texas. Complete Schedule T
		-	TX, officeholder living expense
		ActBlue Servi	се нее
L			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

## SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor now to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:		•	3 Filer ID (Ethics Commission Filers)
Sch: 8/12 Rpt: 19/23	Morton, Carla H. (Ms.)		00081843
4 Date	5 Payee name		*
11/23/2018	ActBlue Texas		
6 Amount (\$) \$0.05	7 Payee address; City; State; PO Box 382110  Cambridge, MA 02238-2110	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Fees	Check if travel	outside of Texas. Complete Schedule T <sub>s</sub> , n, TX, officeholder living expense vice Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ffice sought	Office held
Date	Payee name		
11/23/2018	ActBlue Texas		
Amount (\$) \$0.08	Payee address; City; State; PO Box 382110	Zip Code	=
	Cambridge, MA 02238-2110		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Fees	Check if travel	outside of Texas. Complete Schedule T., n, TX, officeholder living expense rice Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ffice sought	Office held
Date	Payee name		
12/22/2018	cvs		
Amount (\$) \$30.96	Payee address; City; State; 2603 W Berry St	Zip Code	
	Fort Worth, TX 76109		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Printing Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense rialS
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ffice sought	Office held

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense - Gift/Awards/Memorials Expense	Polling Expens Printing Expens	ad/Rental Expense Transportation Equipment & Related Expense Travel in District
	orear out a syment	The Instruction Guide explains h	ow to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 9/12 Rpt: 20/23	Morton, Carla H. (Ms.)		00081843
4	Date	5 Payee name		
	11/14/2018	Facebook		
6	Amount (\$)	7 Payee address; City; State;	Zip Code	
	\$50.00	1 Hacker Way		
		Menlo Park, CA 94025		
8	PURPOSE	(a) Category (See Categories listed at the top of this sched	tule) (b)	Description
	OF	Advertising Expense	idle,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	, teroritoring Expense		Check if Austin, TX, officeholder living expense
				advertising
9	Complete ONLY if direct		fice sought	Office held
	expenditure to benefit C/O	<del>-</del>		
	Date	Payee name		
	10/29/2018	Leadership ISD	11	2
ī	Amount (\$)	Payee address; City; State;	Zip Code	
	\$240.00	1350 Motor Cir		
		5 3		
		Dallas, TX 75207		
	PURPOSE	(a) Category (See Categories listed at the top of this sched	tules (b)	Description
	OF	Event Expense	udie)	Check if travel outside of Texas. Complete Schedule T
	EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense
				staff training
	Complete ONLY if direct		ffice sought	Office held
	expenditure to benefit C/O	H		
-	Date	Payee name		
	11/27/2018	Leadership ISD		
_	Amount (\$)	Payee address; City; State;	Zip Code	
	\$80.00	1350 Motor Cir	Z.p 0000	
	φου.σο	1330 Wold Cil		
		- "		
		Dallas, TX 75207		
	PURPOSE	(a) Category (See Categories listed at the top of this sche	dule) (b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas, Complete Schedule T
		,		Check if Austin, TX, officeholder living expense staff training
		2		នណា ចណាញ ទ
	Complete ONE VICE	Out fide to 10% and also are as a second	Wine novel t	Office held
	Complete ONLY if direct expenditure to benefit C/O		ffice sought	Office held
L				

## SCHEDULE F1

L		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	T. I	
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	5 Payee name
	11/03/2018	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense mailbox
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/03/2018	Pack N Mail
-	Amount (\$)	Payee address; City; State; Zip Code
	\$10.99	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense mailbox & pickup
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/27/2018	PayPal
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.75	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  Check if travel outside of Texas. Complete Schedule T,  Check if Austin, TX, officeholder living expense  Payment fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 11/12 Rpt: 22/23 Morton, Carla H. (Ms.) 00081843 Date Payee name 12/27/2018 PayPal City; 6 Amount (\$) Payee address; State; Zip Code \$1.75 2211 North First Street San Jose, CA 95131 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule Ta Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense payment fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/28/2018 PayPal Amount (\$) Payee address; City; State; Zip Code \$1.32 2211 North First Street San Jose, CA 95131 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE**

Complete	ONLY if direct
expenditu	re to benefit C/OH

Date

11/10/2018

Candidate/Officeholder name

Payee name

Staples

Office sought

Office held

Check if Austin, TX, officeholder living expense

payment fee

Amount (\$)	Payee address; City; State; Zip Code
\$10.81	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense print materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## POLITICAL EXPENDITURES FROM POLITICAL

CONTRIBUTIONS				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a)  Event Expense Fees Food/Beverage Expense Gift/Wards/Memorials Expense Committee  Committee  Expense Food/Beverage Expense Frinting Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)		
Sch: 12/12 Rpt: 23/23	Morton, Carla H. (Ms.)	00081843		
Date 11/24/2018	5 Payee name Staples			
Amount (\$) \$24.99	7 Payee address; City; State; Zip Code 1660 S University Dr Fort Worth, TX 76107			
PURPOSE OF EXPENDITURE	Solicitation in analysis Expense	tside of Texas, Complete Schedule T; X, officeholder living expense		
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
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	Advertising Expense	tside of Texas. Complete Schedule T., X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment  Total pages Schedule F1: Sch: 12/12 Rpt: 23/23  Date 11/24/2018  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 11/27/2018  Amount (\$)  \$16.22  PURPOSE OF EXPENDITURE	EXPENDITURE CATEGORIES FOR BOX 8(a)		