

# 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)	2 Total pages filed: <b>9</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <b>Mr.</b> FIRST: <b>Chad</b> MI: <b>E</b> NICKNAME: _____      LAST: _____      SUFFIX: _____ <b>McCarty</b>	<b>OFFICE USE ONLY</b> 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 26 2019</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">Board of Education</div> Date <u>Hand-delivered</u> or Date Postmarked: <b>4-26-19</b> Receipt # _____      Amount \$ _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>P.O. Box 123248, Fort Worth, TX 76121</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(817) 723-3832</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <b>Mr.</b> FIRST: <b>Chance</b> MI: <b>E</b> NICKNAME: _____      LAST: _____      SUFFIX: _____ <b>McCarty</b>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>4919 Sunset Ridge Fort Worth, TX 76123</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(682) 444-5568</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <b>04 / 05 / 2019</b> THROUGH <b>04 / 24 / 2019</b>		
11 ELECTION	ELECTION DATE Month      Day      Year <b>05 / 04 / 2019</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)  <b>N/A</b>	13 OFFICE SOUGHT (if known)  <b>Fort Worth ISD Board of Trustees, place 2</b>	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**14** C/OH NAME  
Chad McCarty

**15** Filer ID (Ethics Commission Filers)

**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  
 GENERAL  
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

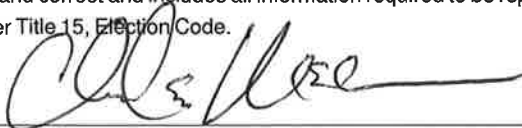
COMMITTEE CAMPAIGN TREASURER ADDRESS

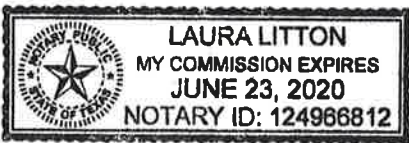
Additional Pages

<b>17</b> CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 175.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4300.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 00.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4576.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2442.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5000.00

**18** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Chad E. McCarty, this the 20<sup>th</sup> day of April, 2019, to certify which, witness my hand and seal of office.

Laura Litton Signature of officer administering oath  
Laura Litton Printed name of officer administering oath  
Asst. Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>Chad McCarty</b>	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4300.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4576.53
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: **4**

2 FILER NAME  
**Chad McCarty**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/22/19**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Christene Moss**

7 Amount of contribution (\$)  
**\$50.00**

6 Contributor address; City; State; Zip Code  
**5625 Eisenhower Dr Fort Worth, TX 76112**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Paula Brooks**

Amount of contribution (\$)

**4/22/19**

Contributor address; City; State; Zip Code  
**2504 Aiken Ln, Fort Worth, TX 76123**

**\$100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**Principal**

**Crowley ISD**

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**John Angle**

Amount of contribution (\$)

**4/23/19**

Contributor address; City; State; Zip Code  
**2420 S Adams St. Fort Worth, TX 76110**

**\$1000.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**consultant**

**AMM Political Strategies**

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Marsha A. Franklin-Darby**

Amount of contribution (\$)

**4/19/19**

Contributor address; City; State; Zip Code  
**2220 Park Place Ave, Fort Worth, TX 76110**

**\$50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME  
**Chad McCarty**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/23/19**

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

**Linda Pavlik**

7 Amount of contribution (\$)

**\$100.00**

6 Contributor address; City; State; Zip Code  
**1300 Summit Ave, St. 725, Fort Worth, TX 76102**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**4/23/19**

**Lee Henderson**

**\$150.00**

Contributor address; City; State; Zip Code

**PO Box 802, Fort Worth, TX 76102**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ACLU**

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

~~4/23/19~~  
**4/16/19**

**Andrew James Nuttall**

**\$100.00**

Contributor address; City; State; Zip Code

**5073 Lyndon Dr, Fort Worth, TX 76116**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**Lawyer**

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**4/23/19**

**David Montague**

**\$100.00**

Contributor address; City; State; Zip Code

**2244 Winton Teh. W, Fort Worth, TX 76109**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

2 FILER NAME  
**Chad McCarty**

3 Filer ID (Ethics Commission Filers)

4 Date  
~~4/19~~  
**4/16/19**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jalen Hall**  
6 Contributor address; City; State; Zip Code  
**2616 Halbert St, Fort Worth, TX 76112**

7 Amount of contribution (\$)  
**\$1300.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**4/20/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Johnny Self**  
Contributor address; City; State; Zip Code  
**616 Hasten Ct, Fort Worth, TX 76120**

Amount of contribution (\$)  
**\$75.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4/23/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Leigh Jackson**  
Contributor address; City; State; Zip Code  
**8048 Sun Scape, Fort Worth, TX 76112**

Amount of contribution (\$)  
**\$500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4/23/19**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**William Lovelace**  
Contributor address; City; State; Zip Code  
**2316 5th Ave, Fort Worth, TX 76104**

Amount of contribution (\$)  
**\$200.00**

Principal occupation / Job title (See Instructions)  
**Attorney**

Employer (See Instructions)  
**LOVELACE LAW PC**

**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**

2 FILER NAME  
**Chad McCarty**

3 Filer ID (Ethics Commission Filers)

4 Date  
**4/18/19**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jason Bulloch**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**4163 Rosser St, ~~Fort Worth~~, TX 75244  
Dallas**

**\$100.00**

8 Principal occupation / Job title (See Instructions)  
**Retired**

9 Employer (See Instructions)  
**Retired**

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Derek Carson**

Amount of contribution (\$)

**4/17/19**

Contributor address; City; State; Zip Code  
**3800 Medford Rd, Fort Worth, TX  
76103**

**\$ 100.00**

Principal occupation / Job title (See Instructions)  
**Attorney**

Employer (See Instructions)  
**Cantey Hanger, LLP**

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Eddie Burns**

Amount of contribution (\$)

**4/15/19**

Contributor address; City; State; Zip Code  
**1120 S. Mitchell Rd, Mansfield, TX 76063**

**\$ 100.00**

Principal occupation / Job title (See Instructions)  
**Firefighter**

Employer (See Instructions)  
**City of Glenn Heights**

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Rick Whitehurst**

Amount of contribution (\$)

**4/08/19**

Contributor address; City; State; Zip Code  
**9463 Benbrook Blvd, # 1140  
Benbrook, TX 76126**

**\$100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Chad McCarty	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------	-------------------------------------	--

<b>4</b> Date 24 4/05/19	<b>5</b> Payee name Parmer Consulting
--------------------------------	--

<b>6</b> Amount (\$) \$3076.53	<b>7</b> Payee address; City; State; Zip Code 3000 SHULEN St #124-306, Fort worth, TX 76109
-----------------------------------	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) consulting Expense, Mail	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	--	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 4/5/19	Payee name parmer consulting
----------------	---------------------------------

Amount (\$) \$1500.00	Payee address; City; State; Zip Code 3000 S. Hulen St #124-306, Fort worth, TX 76109
--------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) consulting Expense, voter contact	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 4/15/19	Payee name Chad McCarty
-----------------	----------------------------

Amount (\$) \$5000.00	Payee address; City; State; Zip Code P.O. BOX 123248, Fort worth, TX 76121
--------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Loan Repayment/ Reimbursement	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



# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

Chad McCarty

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

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

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

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

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

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

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

\_\_\_\_\_  
Signature of Officeholder