

# 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: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Chad	MI MI
	NICKNAME	LAST McCarty	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 123248 Fort Worth TX 76121		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( 817 )	PHONE NUMBER 723-3832	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Chance	MI MI
	NICKNAME	LAST McCarty	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4919 Sunset Ridge Fort Worth TX 76123		
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 682 )	PHONE NUMBER 444-5568	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year 01 / 01 / 2019    THROUGH    04 / 04 / 2019		
11 ELECTION	ELECTION DATE Month Day Year    05 / 04 / 2019 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) Fort Worth ISD Board of Trustees, Place 2	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

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

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 65.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4,690.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ N/A

4. TOTAL POLITICAL EXPENDITURES

\$ 8,341.03

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 6,321.58

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 10,000.00

18 AFFIDAVIT



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

*[Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Chad McCarty, this the 4th day of April, 20 19, to certify which, witness my hand and seal of office.

*[Signature]*

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**

Chad McCarty

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,690.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 10,000.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,341.03
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:**2** FILER NAME

Chad McCarty

**3** Filer ID (Ethics Commission Filers)**4** Date

2/22

**5** Full name of contributor☐ out-of-state PAC (ID#:

Senecca Wall

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

\$225

**6** Contributor address;

City; State; Zip Code

9820 Nolina Rd, Fort Worth, TX 76177

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

Date

2/22

Full name of contributor

☐ out-of-state PAC (ID#:

Adrian Salazar

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

9125 Trail Wood Dr, North Richland Hills, TX 76182

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22

Full name of contributor

☐ out-of-state PAC (ID#:

Joseph Hill

Amount of contribution (\$)

\$250

Contributor address;

City; State; Zip Code

13240 Fiddlers Tr, Fort Worth, TX 76244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22

Full name of contributor

☐ out-of-state PAC (ID#:

Denise Vaughn

Amount of contribution (\$)

\$25

Contributor address;

City; State; Zip Code

4057 Brookway Dr, Fort Worth, TX 76123

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**2** FILER NAME

Chad McCarty

**3** Filer ID (Ethics Commission Filers)**4** Date

2/22

**5** Full name of contributor☐ out-of-state PAC (ID#:

Eboni Kelly

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

\$25

**6** Contributor address;

City; State; Zip Code

2313 Barzona Dr, Fort Worth, TX 76131

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

Date

2/22

Full name of contributor

☐ out-of-state PAC (ID#:

Simeon &amp; Marcella Stanton

Amount of contribution (\$)

\$20

Contributor address;

City; State; Zip Code

1717 Wild Willow Trail, Fort Worth, TX 76134

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23

Full name of contributor

☐ out-of-state PAC (ID#:

Hal Harbuck

Amount of contribution (\$)

\$25

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23

Full name of contributor

☐ out-of-state PAC (ID#:

Eric Paz

Amount of contribution (\$)

\$250

Contributor address;

City; State; Zip Code

2000 Hurley Ave, Fort Worth, TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Chad McCarty		3 Filer ID (Ethics Commission Filers)
4 Date 2/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Timora Page 6 Contributor address: City: State: Zip Code	7 Amount of contribution (\$) \$25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chris Bradshaw Contributor address: City: State: Zip Code 2824 Village Creek St, Prosper, TX 76110	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Montreal Dukes Contributor address: City: State: Zip Code 6509 Willow Oak Ct, Fort Worth, TX 76112	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Libby Willis Contributor address: City: State: Zip Code P.O. Box 7119 Fort Worth, TX 76111	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**2** FILER NAME

Chad McCarty

**3** Filer ID (Ethics Commission Filers)**4** Date

3/2

**5** Full name of contributor☐ out-of-state PAC (ID#:

Sholunda Osby Board

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

\$50

**6** Contributor address:

City: State: Zip Code

312 N Cannady Dr, Cedar Hill, TX 75104

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

Date

3/14

Full name of contributor

☐ out-of-state PAC (ID#:

Eian Preston

Amount of contribution (\$)

\$50

Contributor address:

City: State: Zip Code

128 Lincoln Ln, Crowley, TX 76036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/14

Full name of contributor

☐ out-of-state PAC (ID#:

Leigh Jernigan

Amount of contribution (\$)

\$1000

Contributor address:

City: State: Zip Code

8048 Sun Scape, Fort Worth, TX 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2

Full name of contributor

☐ out-of-state PAC (ID#:

Hathaway Roche

Amount of contribution (\$)

\$25

Contributor address:

City: State: Zip Code

1455 Danciger Dr, Fort Worth, TX 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**2** FILER NAME

Chad McCarty

**3** Filer ID (Ethics Commission Filers)**4** Date

3/15

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

John Avila, Jr. OR

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

\$1000

**6** Contributor address;

City: State: Zip Code

1936 Warner Rd, Fort Worth, TX 76112

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

Date

3/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Cathy Seifert

Amount of contribution (\$)

\$50

Contributor address;

City: State: Zip Code

1417 Layton Ave, Fort Worth, TX 76117

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Ruckle

Amount of contribution (\$)

\$100

Contributor address;

City: State: Zip Code

7100 Willis Ave, Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ruben Saucedo

Amount of contribution (\$)

\$100

Contributor address;

City: State: Zip Code

3558 Norfolk Rd, Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**2** FILER NAME

Chad McCarty

**3** Filer ID (Ethics Commission Filers)**4** Date

3/21

**5** Full name of contributor☐ out-of-state PAC (ID#:

Joseph Drago

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

\$100

**6** Contributor address:

City: State: Zip Code

545 Fairbrook Ln, Fort Worth, TX 76140

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

Date

3/22

Full name of contributor

☐ out-of-state PAC (ID#:

Jason Brown

Amount of contribution (\$)

\$250

Contributor address:

City: State: Zip Code

2112 Pembroke Dr, Fort Worth, TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22

Full name of contributor

☐ out-of-state PAC (ID#:

Senecca Wall

Amount of contribution (\$)

\$25

Contributor address:

City: State: Zip Code

9820 Nolina Rd, Fort Worth, TX 76177

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29

Full name of contributor

☐ out-of-state PAC (ID#:

Mike Sacken

Amount of contribution (\$)

\$100

Contributor address:

City: State: Zip Code

468 Westview Terrace, Arlington, TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**2** FILER NAME

Chad McCarty

**3** Filer ID (Ethics Commission Filers)**4** Date

3/21

**5** Full name of contributor☐ out-of-state PAC (ID#:

Melanie MacFarlane

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

\$20

**6** Contributor address;

City; State; Zip Code

214 Washington Ave, Fort Worth, TX 76110

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

Date

3/21

Full name of contributor

☐ out-of-state PAC (ID#:

Michael Utt

Amount of contribution (\$)

\$25

Contributor address;

City; State; Zip Code

2901 6th Ave, Fort Worth, TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Book Seller

Date

3/21

Full name of contributor

☐ out-of-state PAC (ID#:

Veronica Villegas

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

1330 6th Ave, Fort Worth, TX 76104

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21

Full name of contributor

☐ out-of-state PAC (ID#:

Kathryn Hansen

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

2516 6th Ave, Fort Worth, TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:**2** FILER NAME

Chad McCarty

**3** Filer ID (Ethics Commission Filers)**4** Date

3/21

**5** Full name of contributor☐ out-of-state PAC (ID#:

Jason Amon

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

\$250

**6** Contributor address:

City: State: Zip Code

1404 S Adams St, Fort Worth, TX 76104

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

Date

3/21

Full name of contributor

☐ out-of-state PAC (ID#:

Lon Burnam

Amount of contribution (\$)

\$50

Contributor address:

City: State: Zip Code

2103 6th Ave, Fort Worth, TX 76110

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/21

Full name of contributor

☐ out-of-state PAC (ID#:

Lynn Norman

Amount of contribution (\$)

\$25

Contributor address:

City: State: Zip Code

6500 Lago Vista, Benbrook, TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Chad McCarty		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 10,000
5 Date of loan 3/20	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Chad McCarty	9 Loan Amount (\$) \$10,000
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 5609 Charlott St, Fort Worth, TX 76112	10 Interest rate 0.00%
		11 Maturity date 12/31/2019
12 Principal occupation / Job title (See Instructions) Business Owner		13 Employer (See Instructions) AutoDuco
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 type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Chad McCarty</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/15</b>		5 Payee name <b>Danwal Incorporated</b>			
6 Amount (\$) <b>\$2666.84</b>		7 Payee address; City; State; Zip Code <b>12404 State Highway 155 S, Tyler, TX 75703</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</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.	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/15</b>		Payee name <b>Metro Mailer</b>			
Amount (\$) <b>\$186.99</b>		Payee address; City; State; Zip Code <b>5719 E Rosedale St # 809, Fort Worth, TX 76112</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>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.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>3/22</b>		Payee name <b>Bass Printing</b>			
Amount (\$) <b>\$430.37</b>		Payee address; City; State; Zip Code <b>4620 S Edgewood Terrace, Fort Worth, TX 76119</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>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.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Chad McCarty</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/20</b>		5 Payee name <b>Parmer Consulting</b>			
6 Amount (\$) <b>\$5,000</b>		7 Payee address; City; State; Zip Code <b>3000 S Hulen St , #124-306, Fort Worth, TX 76109-1929</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>3/8</b>		Payee name <b>Metro Mailer</b>			
Amount (\$) <b>\$56.83</b>		Payee address; City; State; Zip Code <b>5719 E Rosedale St # 809, Fort Worth, TX 76112</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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