

CA D D E / OFF CEHOLDE

FORM C/OH

COVER SHEET 2011

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

RECEIVED

APR 26 2019

Board of Education

-26

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

Mr

FIRST

chad

MI

E

OFFICE USE ONLY

Date Received

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

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

Date Postmarked

(817) 723-3832

CANDIDATE / OFFICEHOLDER
GENERAL CAMPAIGN REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Chad McCarty

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO

COMMITTEE(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

Chad E.

COMMITTEE CAMPAIGN TREASURER NAME

☐ Additional Pages

19 FILER NAME

Chad McCarty

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4300.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4	SCHEDULE E: LOANS	\$

SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F4: EXPENDITURES MADE ON CREDIT CARDS

SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F4: EXPENDITURES MADE ON CREDIT CARDS

O E T A Y P O L T C A L C O T R B U T O S

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)

Date	Full name of contributor	Contributor address; City; State; Zip Code	Amount of contribution (\$)
4/22/19	Christene Moss	5625 Eisenhower Dr Fort Worth, TX 7612	\$50.00
4/22/19	Paula Brooks	2504 Aiken Ln, Fort Worth, TX 76123	\$100.00
4/23/19	John Angle	2420 S Adams St Fort Worth, TX 76110	\$1000.00
4/19/19	Marsha A. Franklin-Darby	2220 Park Place Ave, Fort Worth, TX 76110	\$50.00

4/22/19 christene moss \$50.00

6 Contributor address;

City; State; Zip Code

5625 Eisenhower Dr Fort Worth, TX 7612

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

Amount of contribution (\$)

4/22/19

Paula Brooks

Contributor address

City; State; Zip Code

\$100.00

2504 Aiken Ln, Fort Worth, TX 76123

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Principal

Crowley ISD

Date

Full name of contributor

Amount of contribution (\$)

4/23/19

John Angle

Contributor address;

City; State; Zip Code

\$1000.00

2420 S Adams St Fort Worth, TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

consultant

AMM Political Strategies

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

4/19/19

Marsha A. Franklin-Darby

Contributor address;

City; State; Zip Code

\$50.00

2220 Park Place Ave, Fort Worth, TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

OFFICIAL 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

5 Full name of contributor

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

4/23/19

Linda Pavlik

\$100.00

Date

☐ out-of-state PAC

Nuttall

City, State, Zip Code

TX 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

Amount of contribution (\$)

4/23/19

Lee Henderson

Contributor address;

City; State; Zip Code

\$150.00

PO Box 802, Fort Worth, TX 76102

GOVERNMENT POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

4

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

Chad McCarty

[illegible]

Jalen Hall

\$ 1300.00

6 Contributor address;

City; State; Zip Code

4/16/19 2616 Halbert St, Fort Worth, TX 76112

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Full name of the institution: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

1. **Introduction**

Johnny Self

\$ 75.00

4-120/19

STANDARD POLITICAL CONTRIBUTION

☐ out-of-state PAC (ID#: _____)

1 Total received Schedule A1: _____

Date

☐ out-of-state PAC (ID#: _____)

2 FILER NAME

Chad McCarty

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

7 Amount of contribution (\$)

4/18/19

Jason Bulloch

6 Contributor address:

City State Zip Code

\$100.00

4163 Rosser St,

, TX 75244

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Printing	Fees	Office Overhead/Related Expenses	Transportation Equipment & Related Expenses
Consulting Expense	Travel Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 Date 24 5 Pa e
4/05/19 pa r consulting

6 Amount (\$) 7 Payee address; City; State; Zip Code
\$3076.53 3000 S. Hulen St #124-306, Fort Worth, TX 76109

8 (b) Description
PURPOSE OF EXPENDITURE consulting Expense,
mail

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Check if travel outside of Texas. Complete Schedule I.
Check if Austin, TX, officeholder living expense

Date Payee name
4/5/19 parmer consulting

Amount (\$) Payee address; City; State; Zip Code

\$1500.00 3000 S. Hulen St #124-306, Fort worth, TX 76109

Category (See Categories listed at the top of this schedule) Description

PURPOSE OF EXPENDITURE consulting Expense,
voter contact

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Payee name

4/15/19 chad McCarty

Amount (\$) Payee address; City; State; Zip Code

\$5000.00 P.O. BOX 123248, Fort worth, TX 76121

ES G O OFF AL EPO T

FORM C/O - F

The Instructions Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

Chad McCarty

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

A. CAMPAIGN FUNDS