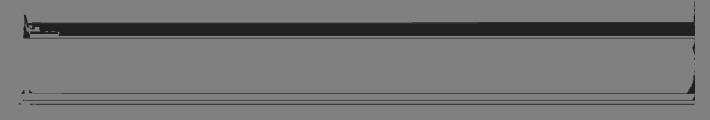
## E T: APPOINTMENT OF A CAMPA ON TREASTIRED BY A CANDIDATE

FORM ACTA PG 1



1 CANDIDATE NAME

Carla Morton

2 FILER ID#

3 Total pages filed:

Date R

00081843

See ACTA Instruction Guide for detailed instructions. Use this form for changes to existing information only. Do not provide information previously disclosed.

CANDIDATE NAME

MS/MRS/MR

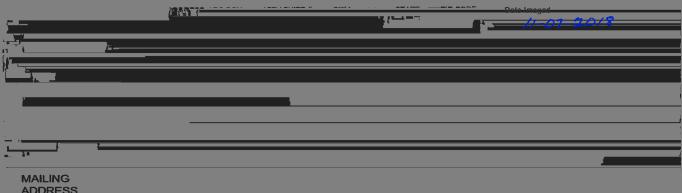
FIRST

NICKNAME

LAST

SUFFIX

11-07-2018



**ADDRESS** 

Receipt #

Amount \$

6 CANDIDATE PHONE

AREA CODE

( 682 ) 305-6261

PHONE NUMBER

EXTENSION

Date Processed

7 OFFICE HELD (if any)

8 OFFICE SOUGHT

Fort Worth ISD School Board Trustee - District 5

9 CAMPAIGN **TREASURER** NAME

FIRST

NICKNAME

LAST

SUFFIX

10 CAMPAIGN TREASURER STREET **ADDRESS** (residence or business) NEW STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;

STATE:

ZIP CODE