

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00043610	2 PAGE # 1 of 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Hon. Michael ----- NICKNAME LAST SUFFIX Mike Hrabal	OFFICE USE ONLY Date Received BY: <i>PH</i> 2015 JAN 14 PM 1:41 ELECTIONS ADMINISTRATOR FRANK PHILLIPS TARRANT COUNTY FILED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <input type="checkbox"/> Change of Address	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Mark ----- NICKNAME LAST SUFFIX Jones	Date Hand-Delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	
8 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)	
9 PERIOD COVERED	Month Day Year Month Day Year 07/01/2014 THROUGH 12/31/2014	
10 ELECTION	ELECTION DATE Month Day Year 11/04/2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) Tarrant Cty Ct at Law No. 3	12 OFFICE SOUGHT (if known)

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

13 C/OH NAME Hrabal, Michael (Hon.)

14 ACCOUNT # (Ethics Commission filers)
00043610

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 600.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 3.20

4. TOTAL POLITICAL EXPENDITURES \$ 662.20

CONTRIBUTION BALANCE

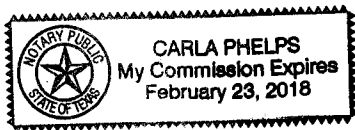
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 44,009.19

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 20,500.00

17 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.



Mike Hrabal

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mike Hrabal, this the 12 day of Jan., 2015, to certify which, witness my hand and seal of office.

Carla Phelps
Signature of officer administering oath

Carla Phelps
Print name of officer administering oath

notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 3/7	
2 FILER NAME Hrabal, Michael (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00043610	
4 Date 11/12/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blenden Roth Law Firm 6 Contributor address; City; State; Zip Code 2217 Harwood Road Bedford, TX 76021	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer / law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 12/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dick Law Firm, PLLC Contributor address; City; State; Zip Code 3701 Brookwoods Dr Houston, TX 77092	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer / law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
BY: _____ FRANK PHILLIPS ELECTIONS ADMINISTRATOR 2015 JAN 14 PM 1:44 TARRANT COUNTY FILED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 4/7 **2** FILER NAME Hrabal, Michael (Hon.) **3** ACCOUNT # (TEC filers) 00043610

4 Date 07/07/2014 **5** Payee name Eldon B. Mahon Inn of Court

6 Amount (\$) \$450.00 **7** Payee address City; State; Zip Code 1315 Calhoun Fort Worth, TX 76102
 Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) OTHER - Dues (b) Description (If travel outside of Texas, complete Schedule T) 2014-15 Inn Dues
 Check if Austin, TX, officeholder living expense

Date 12/18/2014 Payee name The Taste of East Texas BBQ

Amount (\$) \$209.00 Payee address City; State; Zip Code Unknown Fort Worth, TX 76102
 Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense Description (If travel outside of Texas, complete Schedule T) Clerk Christmas Luncheon
 Check if Austin, TX, officeholder living expense

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BY: _____

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

2015 JAN 14 PM 1:44

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/2 Report: 5/7

2 FILER NAME Hrabal, Michael (ELECTIONS ADMINISTRATOR)

3 ACCOUNT # (Ethics Commission filers)
00043610

4 Date 08/31/2014	5 Name of person from whom amount is received GE Capital Bank	8 Amount (\$) \$17.70
	6 Address of person from whom amount is received; City; State; Zip Code P.O. Box 1978 Cranberry Township, PA.16066	
7 Purpose for which amount is received Interest		

Date 09/30/2014	Name of person from whom amount is received GE Capital Bank	Amount (\$) \$31.26
	Address of person from whom amount is received; City; State; Zip Code PO Box 1978 Cranberry Township, PA 16066	
Purpose for which amount is received Interest		

Date 10/31/2014	Name of person from whom amount is received GE Capital Bank	Amount (\$) \$32.33
	Address of person from whom amount is received; City; State; Zip Code PO Box 1978 Cranberry Township, PA 16066	
Purpose for which amount is received Interest		

Date 11/30/2014	Name of person from whom amount is received GE Capital Bank	Amount (\$) \$31.31
	Address of person from whom amount is received; City; State; Zip Code PO Box 1978 Cranberry Township, PA 16066	
Purpose for which amount is received Interest		

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/2 Report: 6/7

2 FILER NAME Hrabal, Michael (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00043610

4 Date

12/31/2014

5 Name of person from whom amount is received
GE Capital Bank

8 Amount (\$)

\$34.87

6 Address of person from whom amount is received; City; State; Zip Code
PO Box 1978
Cranberry Township, PA 16066

7 Purpose for which amount is received
Interest

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OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 7/7
2 FILER NAME Hrabal, Michael (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00043610
LENDER INFORMATION	4 Name of lender Hrabal, Mike (Mr.)	
	5 Lender address; City; State; Zip Code P.O. Box 601 Kennedale, TX 76060	
GUARANTOR INFORMATION	6 Name of guarantor	
	7 Guarantor address; City; State; Zip Code	
<input checked="" type="checkbox"/> not applicable		

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TARRANT COUNTY
2015 JAN 14 PM 1:45
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ELECTIONS ADMINISTRATOR
 BY: _____