

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | |
|--|---|--|--------------------------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: 4 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MRS / MRS / MR FIRST MI NICKNAME LAST SUFFIX MICHAEL J HARDY | OFFICE USE ONLY Date Received BY: FRANK HILLIPS ELECTIONS ADMINISTRATOR 2015 JUN 30 AM 11:09 TARRANT COUNTY FILED Date Hand-Delivered or Registered 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 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION | | |
| 6 CAMPAIGN TREASURER NAME | MRS / MRS / MR FIRST MI NICKNAME LAST SUFFIX MICHAEL J HARDY | | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION | | |
| 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 checked="" 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 THROUGH Month Day Year 03 / 16 / 2015 06 / 30 / 2015 | | |
| 11 ELECTION | ELECTION DATE Month Day Year / / | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) CONSTABLE Pct 4 TARRANT COUNTY | |
| GO TO PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME: **MICHAEL J HARDY** 15 ACCOUNT # (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.

| | | |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

FILED
 TARRANT COUNTY
 2015 JUN 30 AM 11:09
 FRANK PHILLIPS
 ELECTION ADMINISTRATOR

| | | |
|-------------------------|---|----------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ - 0 - |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 100 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ - 0 - |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ - 0 - |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 100 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 500 |

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael J. Hardy, this the 30 day of June, 20 15, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

DIANE H. McALISTER
Printed name of officer administering oath



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 1

2 FILER NAME MICHAEL HARDY 3 ACCOUNT # (Ethics Commission Filers)

| | | | |
|--|---|---|--|
| 4 Date <u>11 MAY 2011</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>UNKNOWN</u> | 7 Amount of contribution (\$) <u>\$ 100</u> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

| | | | |
|------|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | | |
|------|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | | |
|------|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | | |
|------|---|---|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

FILED
 TARRANT COUNTY
 2011 JUN 30 AM 11:10
 BY: FRANK PHILLIPS
 ELECTIONS ADMINISTRATOR

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 MICHAEL J HARDY | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ | | \$ 500.00 |
| 5 Date of loan 16 MAR 2015 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) MICHAEL HARDY | 9 Loan Amount (\$) 500.00 |
| 6 Is lender a financial institution? Y <input checked="" type="radio"/> N | 8 Lender address; City; State; Zip Code 6145 LONGHORN LN FT WORTH TX 76179 | 10 Interest rate — |
| | | 11 Maturity date — |
| 12 Principal occupation / Job title (See Instructions) FARM | | 13 Employer (See Instructions) SELF |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor 18 Guarantor address; City; State; Zip Code | FILED TARRANT COUNTY 2015 JUN 30 AM 11:00 FRANK PHILLIPS ELECTIONS ADMINISTRATOR |
| 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 <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) |

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