

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 5

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Hon. Michael
NICKNAME LAST SUFFIX
Mike Hrabal

OFFICE USE ONLY

Date Received
FRANK PHILLIPS
ELECTIONS ADMINISTRATOR
2016 JAN 11 PM 5:37
TARRANT COUNTY
FILED

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Date Hand-delivered or Date Postmarked

Change of Address

POSTMARK

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mr. Mark
NICKNAME LAST SUFFIX
Jones

Date Processed
JAN 08 2016

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

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
07/01/2015 THROUGH 12/31/2015

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)
Tarrant Cty Ct at Law 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) \$ 0.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 800.00

CONTRIBUTION BALANCE

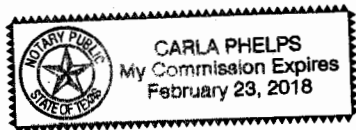
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 44,430.72

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 8 day of Jan., 2016, 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 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: 3/5	2 FILER NAME Hrabal, Michael (Hon.)	3 ACCOUNT # (TEC filers) 00043610
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4 Date 07/08/2015	5 Payee name Eldon B. Mahon Inn of Court
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6 Amount (\$) \$450.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 1315 Calhoun Fort Worth, TX 76102
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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) <input type="checkbox"/> Dues <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 11/23/2015	Payee name SW Republican Club
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Amount (\$) \$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code Fort Worth, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Christmas Party Sponsorship <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

Date 12/04/2015	Payee name The Taste of East Texas
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Amount (\$) \$250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code Unknown Fort Worth, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Lunch for County Clerks <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	--

BY: _____
 ELECTION ADMINISTRATOR
 FRANK PHILLIPS
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 TARRANT COUNTY

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

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 4/5
2 FILER NAME Hrabal, Michael (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00043610
4 Date 07/31/2015	5 Name of person from whom amount is received GE Capital Bank 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	8 Amount (\$) \$35.82
Date 08/31/2015	Name of person from whom amount is received GE Capital Bank 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	Amount (\$) \$35.85
Date 09/30/2015	Name of person from whom amount is received GE Capital Bank 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	Amount (\$) \$34.72
Date 10/31/2015	Name of person from whom amount is received GE Capital Bank 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	Amount (\$) \$34.72

BY: _____
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 TARRANT COUNTY
 91

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: 5/5
2 FILER NAME Hrabal, Michael (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00043610
4 Date 11/30/2015	5 Name of person from whom amount is received GE Capital Bank	8 Amount (\$) \$34.78
	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		
Date 12/31/2015	Name of person from whom amount is received GE Capital Bank	Amount (\$) \$35.97
	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		

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