CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	**2** Total pages filed: 6	**OFFICE USE ONLY**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mrs | FIRST: Tara | MI: | NICKNAME: | LAST: Hrbacek | SUFFIX:

4 ORIGINAL REPORT TYPE

- [ ] January 15
- [ ] July 15
- [ ] 30th day before election
- [x] 8th day before election
- [ ] Runoff
- [ ] Exceeded modified reporting limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- Other (specify):

5 ORIGINAL PERIOD COVERED

Month 04 / Day 08 / Year 22 THROUGH Month 04 / Day 29 / Year 22

OFFICE USE ONLY

Date Received: Received APR 03 2025

Date Hand-Delivered or Date Postmarked: Carrollton-Farmers Branch ISD Superintendent's Office

Receipt # | Amount $

Date Processed

Date Imaged

6 EXPLANATION OF CORRECTION

Report was submitted as 30th day report, but should have been reflected as 8th day before election report. Additionally, Box #5 under section 17 on page 2 of c/oh form included acceptance of contribution in amount of $250, but the contribution check was not cashed, thus the total political contributions maintained on last day of reporting period should have been $1,622.30 instead of $1,872.30 which was noted on the report.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- [x] Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepre-sent the information contained in the report.
- [x] Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Tara Hrbacek

Signature of Candidate/Officeholder

KIMBERLY CASTANON
Notary Public, State of Texas
Comm. Expires 05-06-2027
Notary ID 448117

NOTARY STAMP / SEAL

Please complete either option below:

(1) Affidavit

Sworn to and subscribed before me by Tara Hrbacek this the 3rd day of April, 20 25, to certify which, witness my hand and seal of office.

Kimberly Castanon | Kimberly Castanon | Notary

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____ (month), 20_____ (year).

_____

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MRS | FIRST: TARA | MI: D

NICKNAME | LAST: HRBACEK | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: CARROLLTON | STATE: TX | ZIP CODE: 75006

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE / PHONE NUMBER: [redacted] | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MRS | FIRST: TARA | MI: D

NICKNAME | LAST: HRBACEK | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): [redacted] | APT / SUITE #: | CITY: CARROLLTON | STATE: TX | ZIP CODE: 75006

8 CAMPAIGN TREASURER PHONE

AREA CODE / PHONE NUMBER: [redacted] | EXTENSION

OFFICE USE ONLY

Date Received

Received
APR 03 2025
Carrollton-Farmers Branch ISD
Superintendent's Office

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

9 REPORT TYPE

January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
July 15	x 8th day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 4 / Day 8 / Year 22 THROUGH Month 4 / Day 29 / Year 22

11 ELECTION

ELECTION DATE: Month 5 / Day 7 / Year 22

ELECTION TYPE: ■ General | Primary | Runoff | Special | Other Description

12 OFFICE

OFFICE HELD (if any): MEMBER, CFBISD BOARD OF TRUSTEES

13 OFFICE SOUGHT (if known): MEMBER, CFBISD BOARD OF TRUSTEES

14 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

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.

COMMITTEE TYPE	
	COMMITTEE NAME
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	**16** Filer ID (Ethics Commission Filers)
TARA D HRBACEK	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 250.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 738.52
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1,622.30
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

18 SIGNATURE 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.

Tara Hrbacek

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

KIMBERLY CASTANON
Notary Public, State of Texas
Comm. Expires 05-06-2027
Notary ID 448117

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tara Hrbacek this the 3rd day of April, 20 25, to certify which, witness my hand and seal of office.

Kimberly Castanon | Kimberly Castanon | Notary

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
TARA HRBACEK	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1	■	SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	$ 250.00
2		SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3		SCHEDULE B PLEDGED CONTRIBUTIONS	$
4		SCHEDULE E LOANS	$
5		SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
6		SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	$
7		SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8		SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	$
9	■	SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 738.52
10		SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11		SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12		SCHEDULE K INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME: TARA HRBACEK

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#) / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)
04/13/2022	MARCHANT GOOD GOVERNMENT FUND [redacted] CARROLLTON TX 75006	250.00

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

Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)

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

Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)

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

Date	Full name of contributor / out-of-state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule G	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	TARA HRBACEK	

4 Date	5 Payee name
03/31/2022	CHASE BANK

6 Amount ($)	7 Payee address, City, State, Zip Code
687.00 Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
CREDIT CARD PAYMENT	CREDIT CARD PAYMENT

(c) Check if travel outside of Texas Complete Schedule T — Check if Austin TX officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date	Payee name
04/14/2022	FedEx Office Print & Ship Center

Amount ($)	Payee address, City, State, Zip Code
51 52 Reimbursement from political contributions intended	13940 N STEMMONS FWY SUITE A DALLAS TX 75234

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
PRINTING EXPENSE	PRINT DOCUMENTS

Check if travel outside of Texas Complete Schedule T — Check if Austin TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
TARA HRBACEK	MEMBER, CFBISD BOARD OF TRUSTEES	MEMBER CFBISD BOARD OF TRUSTEES

Date	Payee name

Amount ($)	Payee address, City State Zip Code
Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE

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

Check if travel outside of Texas Complete Schedule T — Check if Austin TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED