

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Tara	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="font-size: 1.2em; color: blue; margin-bottom: 5px;">Received</div> <div style="font-size: 1.5em; color: blue; margin-bottom: 5px;">APR 03 2025</div> <div style="font-size: 0.8em; margin-bottom: 5px;">Carrollton-Farmers Branch ISD Superintendent's Office</div> <div style="font-size: 0.8em; margin-bottom: 5px;">Date Received</div> <div style="font-size: 0.8em; margin-bottom: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="font-size: 0.8em; margin-bottom: 5px;">Receipt # Amount \$</div> <div style="font-size: 0.8em; margin-bottom: 5px;">Date Processed</div> <div style="font-size: 0.8em;">Date Imaged</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME LAST SUFFIX Hrbacek		
5 CANDIDATE / OFFICEHOLDER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Carrollton TX 75006		
6 CAMPAIGN TREASURER NAME	AREA CODE PHONE NUMBER EXTENSION [REDACTED]		
7 CAMPAIGN TREASURER ADDRESS	MS / MRS / MR FIRST MI Mrs. Tara	<div style="font-size: 0.8em; margin-bottom: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="font-size: 0.8em; margin-bottom: 5px;">Receipt # Amount \$</div> <div style="font-size: 0.8em; margin-bottom: 5px;">Date Processed</div> <div style="font-size: 0.8em;">Date Imaged</div>	
8 CAMPAIGN TREASURER PHONE	NICKNAME LAST SUFFIX Hrbacek		
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Carrollton TX 75006		
10 PERIOD COVERED	AREA CODE PHONE NUMBER EXTENSION [REDACTED]		
11 ELECTION	ELECTION DATE Month Day Year 5 / 3 / 25	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
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)	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.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> 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

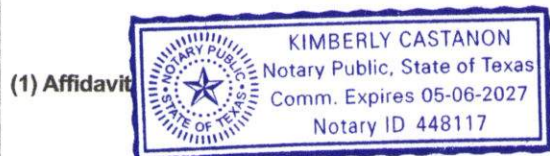
15 C/OH NAME Mrs. Tara Hrbacek		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,110.30
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 327.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,622.30
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:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tara Hrbacek this the 3rd day of April, 2025, 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 _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Mrs. Tara Hrbacek		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$ 1,000.00
2	SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 110.30
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	\$ 327 20
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 Mrs. Tara Hrbacek		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2025	5 Full name of contributor out-of-state PAC (ID# _____) Marchant Good Government Fund	7 Amount of contribution (\$) 1,000.00
6 Contributor address; _____ City, _____ State, _____ Zip Code Carrollton, TX 75006		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address, _____ City, _____ State, _____ Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address, _____ City, _____ State, _____ Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address, _____ City, _____ State, _____ Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2 1	
2 FILER NAME Mrs. Tara Hrbacek		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 110.30	
5 Date 03/26/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Catherine Carlin	8 Amount of Contribution \$ 110.30	9 In-kind contribution description Website Services
	7 Contributor address, City, State, Zip Code [REDACTED] Carrollton TX 75007	Check if travel outside of Texas Complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) N/A		11 Employer (FOR NON-JUDICIAL)(See Instructions) N/A	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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
			Check if travel outside of Texas Complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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

The Instruction Guide explains how to complete this form

1 Total pages Schedule G 1	2 FILER NAME Mrs Tara Hrbacek	3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2025	5 Payee name VistaPrint	
6 Amount (\$) 124 45 <small>Reimbursement from political contributions intended</small>	7 Payee address, City, State, Zip Code 275 Wyman ST Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Flyers, cards
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/22/2025	Payee name Staples	
Amount (\$) 202 75 <small>Reimbursement from political contributions intended</small>	Payee address, City, State, Zip Code 4400 Beltline Road Addison, TX 75001	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Flyers
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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