

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: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Andrew MI: W NICKNAME: LAST: Hubacek SUFFIX:	OFFICE USE ONLY <hr/> Date Received RECEIVED JUL 01 2021 CITY OF MESQUITE CITY SECRETARY <hr/> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 213 Toler Dr. Mesquite TX 75149		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (469) PHONE NUMBER: 395-7865 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: Bryan MI: NICKNAME: LAST: Odom SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1330 Buena Vista Mesquite TX 75149 <small>(Residence or Business)</small>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (972) PHONE NUMBER: 904-5915 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 1 / 2021 6 / 30 / 2021		
11 ELECTION	ELECTION DATE Month Day Year 11 / 02 / 2021	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) None	13 OFFICE SOUGHT (if known) Mesquite City Council	
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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

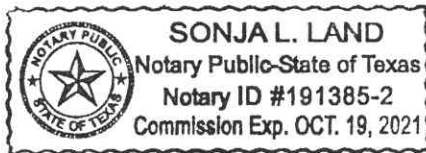
15 C/OH NAME Andrew Hubacek		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 497. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4473. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 24.30
	4. TOTAL POLITICAL EXPENDITURES	\$ 561.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7011.58
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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Andrew Hubacek this the 1 day of July, 2021, to certify which, witness my hand and seal of office.

Sonja L. Land Sonja L. Land 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
Andrew Hubacek

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4473 ⁰⁰
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 561.42
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> 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:

2 FILER NAME
Andrew Hubacek

3 Filer ID (Ethics Commission Filers)

4 Date: 3-11-21
5 Full name of contributor: Rickey D. Callahan
 out-of-state PAC (ID#: _____)

7 Amount of contribution (\$): 250.00

6 Contributor address; City; State; Zip Code
237 Idav Mesquite TX 75149

8 Principal occupation / Job title (See Instructions): Broker

9 Employer (See Instructions): Callahan Properties

Date: 3-17-21
Full name of contributor: Shirley Cole
 out-of-state PAC (ID#: _____)

Amount of contribution (\$): 50.00

Contributor address; City; State; Zip Code
1005 W. Grubb Mesquite TX 75149

Principal occupation / Job title (See Instructions): Retired

Employer (See Instructions)

Date: 3-17-21
Full name of contributor: Gregory Imhoff
 out-of-state PAC (ID#: _____)

Amount of contribution (\$): 500.00

Contributor address; City; State; Zip Code
7263 Paldao Dr Dallas TX 75240

Principal occupation / Job title (See Instructions): Atty.

Employer (See Instructions): Hunt

Date: 3-27-21
Full name of contributor: Lara Evans
 out-of-state PAC (ID#: _____)

Amount of contribution (\$): 200.00

Contributor address; City; State; Zip Code
PO Box 852271 Mesquite TX 75185

Principal occupation / Job title (See Instructions): Claims Auditor

Employer (See Instructions): EXL Health

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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:
2 FILER NAME Andrew Hubacek		3 Filer ID (Ethics Commission Filers)
4 Date 3-28-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Rauls	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 2417 Larchmont Mesquite TX 75150		
8 Principal occupation / Job title (See Instructions) Admin		9 Employer (See Instructions) SFBC
Date 4-3-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lois Buford	Amount of contribution (\$) \$51.00
Contributor address; City; State; Zip Code 4209 Arbor Dr. Mesquite TX 75150		
Principal occupation / Job title (See Instructions) Horse Cleaner		Employer (See Instructions) Self-employed
Date 3-10-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sox Serrato	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 608 S. Walker Mesquite TX 75149		
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Self-employed
Date 4-7-2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcus Carter	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1416 Barbara Mesquite TX 75149		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<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>		

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:
2 FILER NAME Andrew Hubacek		3 Filer ID (Ethics Commission Filers)
4 Date 4-12-2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terri White	7 Amount of contribution (\$) \$ 50.00
6 Contributor address; City; State; Zip Code 506 Riggs Cr. Mesquite Tx 75149		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Vision Source
Date 4-17-2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathleen Meredith	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 1039 Chappell Mesquite Tx 75149		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4-17-2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tammy Strong	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 1713 Cool Springs Mesquite Tx 75149		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 4-17-2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherry Ferguson	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 1321 Devonshire Mesquite Tx 75150		
Principal occupation / Job title (See Instructions) Beautician		Employer (See Instructions) Ferguson Design
<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>		

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:
2 FILER NAME Andrew Hubacek		3 Filer ID (Ethics Commission Filers)
4 Date 4-17-2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna Crook	7 Amount of contribution (\$) \$ 100. ⁰⁰
6 Contributor address; City; State; Zip Code 1205 Lakeshore Mesquite TX 75149		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 4-18-2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S:ll Raulb	Amount of contribution (\$) \$ 50. ⁰⁰
Contributor address; City; State; Zip Code 2417 Larchmont Mesquite TX 75150		
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) SFBC
Date 4-18-2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina Hubacek	Amount of contribution (\$) \$ 100. ⁰⁰
Contributor address; City; State; Zip Code 715 Harvester Mesquite TX 75150		
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) DeSoto F.D.
Date 4-18-2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sennifer Moore	Amount of contribution (\$) \$ 100. ⁰⁰
Contributor address; City; State; Zip Code 4200 Cheyenne G. Bryan TX 77802		
Principal occupation / Job title (See Instructions) Contract Coord.		Employer (See Instructions) Xylem
<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>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
Andrew Hubacek

3 Filer ID (Ethics Commission Filers)

4 Date
4-18-2021

5 Full name of contributor out-of-state PAC (ID#: _____)
Michael Smith

7 Amount of contribution (\$)
\$ 100.⁰⁰

6 Contributor address; City; State; Zip Code
1008 Old Barn Mesquite TX 75149

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4-18-2021

Full name of contributor out-of-state PAC (ID#: _____)
Shelia Lewis

Amount of contribution (\$)
\$ 100.⁰⁰

Contributor address; City; State; Zip Code
128 Hazelnut Trl. Forney TX 751

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Consultor

Kemp ISD

Date
4-17-2021

Full name of contributor out-of-state PAC (ID#: _____)
Christi Archer

Amount of contribution (\$)
\$ 250.⁰⁰

Contributor address; City; State; Zip Code
429 S. Walker Mesquite TX 75149

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Admin

Childrens Med.

Date
3-8-2021

Full name of contributor out-of-state PAC (ID#: _____)
Sore Serrato

Amount of contribution (\$)
\$ 25.⁰⁰

Contributor address; City; State; Zip Code
608 S. Walker Mesquite TX 75149

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Contractor

Self-employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME
Andrew Hubacek

3 Filer ID (Ethics Commission Filers)

4 Date: 4.22.2021
5 Full name of contributor: Janice Robinson
 out-of-state PAC (ID#: _____)
6 Contributor address; City; State; Zip Code
305 Riggs Cir. Mesquite TX 75149

7 Amount of contribution (\$)
\$ 50.⁰⁰

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)

Date: 4.22.2021
Full name of contributor: Paul Heikkinen
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
1015 Heather Falls Rockwall TX 75087

Amount of contribution (\$)
\$ 100.⁰⁰

Principal occupation / Job title (See Instructions)
Chiro

Employer (See Instructions)
Chiro Heikkinen

Date: 4.22.2021
Full name of contributor: Caroline Rollins
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
2840 Cantura Dr. Mesquite TX 75181

Amount of contribution (\$)
\$ 50.⁰⁰

Principal occupation / Job title (See Instructions)
Admin

Employer (See Instructions)
Heikkinen Chiro

Date: 4.22.2021
Full name of contributor: Thomas Hubacek
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
1324 Fernwood Mesquite TX 75149

Amount of contribution (\$)
\$ 500.⁰⁰

Principal occupation / Job title (See Instructions)
Retired

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.

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:
2 FILER NAME Andrew Hubacek		3 Filer ID (Ethics Commission Filers)
4 Date 4-24-2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leyla Fink	7 Amount of contribution (\$) \$ 200. ⁰⁰
6 Contributor address; City; State; Zip Code 1428 Spirewood Mesquite TX 75181		
8 Principal occupation / Job title (See Instructions) HR Admin		9 Employer (See Instructions) Target
Date 4-30-2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Candice Navas	Amount of contribution (\$) \$ 500. ⁰⁰
Contributor address; City; State; Zip Code 4613 Frontier Houston TX 77041		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Houston - St. Mark's School
Date 5-18-2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Pittman	Amount of contribution (\$) \$ 100. ⁰⁰
Contributor address; City; State; Zip Code 1613 Ballard St. S. Low Spring TX 75181		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6-11-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samey Beckett	Amount of contribution (\$) 200. ⁰⁰
Contributor address; City; State; Zip Code 1095 Trinity Meadows, Terrell TX 75160		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1:	2 FILER NAME Andrew Hubarek	3 Filer ID (Ethics Commission Filers)
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4 Date 2-17-2021	5 Payee name American National Bank
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6 Amount (\$) 32.00	7 Payee address; 917 Military Pkwy.	City; Mesquite	State; TX	Zip Code 75149
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Getting Checks
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-3-2021	Payee name Print Place
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Amount (\$) 457.84	Payee address; 1130 Ave H. East	City; Arlington	State; TX	Zip Code 76011
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Postcard Mailer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-8-21	Payee name Print Place
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Amount (\$) 47.28	Payee address; 1130 Ave H. East	City; Arlington	State; TX	Zip Code 76011
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED