

# 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:

12

**OFFICE USE ONLY**

Date Received

**RECEIVED**

SEP 27 2021

CITY OF MESQUITE  
CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr.

Andrew

W

NICKNAME

LAST

SUFFIX

Hubacek

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

213 Toler Dr.

Mesquite

TX

75149

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 469 )

395-7865

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mrs.

Christi

R

NICKNAME

LAST

SUFFIX

Archer

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

429 S. Walker St

Mesquite

TX

75149

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 214 )

244-7758

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

07 / 01 / 2021

THROUGH

09 / 23 / 2021

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 02 / 2021

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

None

13 OFFICE SOUGHT (if known)

Mesquite City Council District 4

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages


**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

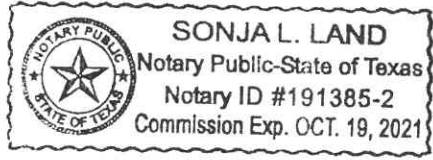
<b>15 C/OH NAME</b> Andrew Hubacek		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 160.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4845.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 17.96
	4. TOTAL POLITICAL EXPENDITURES	\$ 4758.87
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7097.71
<b>OUTSTANDING LOAN TOTALS</b>	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 27 day of Sept., 2021, to certify which, witness my hand and seal of office.

Sonja L. Land Signature of officer administering oath  
Sonja L. Land Printed name of officer administering oath  
notary 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

<b>19 FILER NAME</b> Andrew Hubacek		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4845.00
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		\$ 4758.87
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: <b>6</b>
2 FILER NAME Andrew Hubacek		3 Filer ID (Ethics Commission Filers)
4 Date 7-7-2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Good	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 2621 Monticello Mesquite TX 75149		
8 Principal occupation / Job title (See Instructions) Dart		9 Employer (See Instructions) Dart
Date 7-10-2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn Stoddard	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 920 Lakeland Dr Mesquite TX 75149		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 7-17-2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jill Rawls	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2417 Larchmont Mesquite TX 75150		
Principal occupation / Job title (See Instructions) Church Admin		Employer (See Instructions) Sunnyvale First Baptist Church
Date 7-25-2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Martin	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1709 Shadow Creek Mesquite TX 75181		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  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: <i>2 of 6</i>
2 FILER NAME Andrew Hubacek		3 Filer ID (Ethics Commission Filers)
4 Date 7-26-2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas Hunt	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 3404 N. I35 Lancaster TX 75154		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7-26-2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Hunt	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3404 N. I35 Lancaster TX 75154		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7-27-2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Archer Campaign	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 429 S. Walker St Mesquite TX 75149		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Premier Legacy Real Estate
Date 7-29-2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna Crook	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1205 Lakeshore Mesquite TX <i>75149</i>		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <i>5 of 6</i>
2 FILER NAME Andrew Hubacek		3 Filer ID (Ethics Commission Filers)
4 Date 8/30/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darlene Amos	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1715 Belmont St Mesquite TX 75149		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Dutton	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code 1101 Tosch Ln Mesquite TX 75149		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Brim	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 2725 Los Gatos Ln Ft. Worth TX 76131		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron Adams	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 945 S. Bryan Beltline #100 Mesquite TX 75149		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <i>4 of 6</i>	
2 FILER NAME Andrew Hubacek				3 Filer ID (Ethics Commission Filers)	
4 Date 8/23/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billy Smith			7 Amount of contribution (\$) \$40.00	
6 Contributor address;		City;	State;	Zip Code	
1045 Cochran Dr		Mesquite	TX	75149	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 08/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Fink			Amount of contribution (\$) \$200.00	
Contributor address;		City;	State;	Zip Code	
1428 Spicewood Dr		Mesquite	TX	75181	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 08/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deb Lane			Amount of contribution (\$) \$50.00	
Contributor address;		City;	State;	Zip Code	
332 Clear Springs Dr		Mesquite	TX	75150	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 8/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony Rorie			Amount of contribution (\$) \$250.00	
Contributor address;		City;	State;	Zip Code	
10406 Huffines Dr		Rowlett	TX	75089	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  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: <i>3 of 6</i>
2 FILER NAME Andrew Hubacek		3 Filer ID (Ethics Commission Filers)
4 Date 8/16/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simona Milas	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 402 Clary Dr Mesquite TX 75149		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Milas	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 402 Clary Dr Mesquite TX 75149		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Zapata	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1000 Randy Rd Cedar Hill TX 75104		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) June Hallman	Amount of contribution (\$) \$5.00
Contributor address; City; State; Zip Code 4736 Harper Dr Mesquite TX 75150		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <i>6 of 6</i>
2 FILER NAME Andrew Hubacek		3 Filer ID (Ethics Commission Filers)
4 Date 9/13/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collin Buford	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 1012 Longhill Forney TX 75126		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 09/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Serrato	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code 608 S. Walker Mesquite TX 75149		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 09/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Martin	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1709 Shadow Creek Mesquite TX 75181		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> 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.

# 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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME Andrew Hubaceak	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7-1-2021	<b>5</b> Payee name Mesquite Print House	
<b>6</b> Amount (\$) \$509.86	<b>7</b> Payee address; 2414 US-80E	City; State; Zip Code Mesquite TX 75149
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Shirts
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7-12-2021	Payee name Dairy Queen	
Amount (\$) \$30	Payee address; 740 Gross Rd	City; State; Zip Code Mesquite TX 75149
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Ice Cream
	<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 7-16-2021	Payee name Mesquite Print House	
Amount (\$) \$121.24	Payee address; 2414 US-80E	City; State; Zip Code Mesquite TX 75149
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Shirts
	<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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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.

<b>1</b> Total pages Schedule F1: <i>2 of 3</i>	<b>2</b> FILER NAME Andrew Hubaceak	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7-27-2021	<b>5</b> Payee name Mesquite Signs	
<b>6</b> Amount (\$) \$1540.50	<b>7</b> Payee address; 417 N Bryan-Beltline Rd. Suite A	City; State; Zip Code Mesquite TX 75149
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Political Signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8-30-2021	Payee name Dairy Queen	
Amount (\$) \$40	Payee address; 740 Gross Rd	City; State; Zip Code Mesquite TX 75149
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Ice Cream
	<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 9-7-2021	Payee name Mesquite Signs	
Amount (\$) \$1085.85	Payee address; 417 N Bryan-Beltline Rd. Suite A	City; State; Zip Code Mesquite TX 75149
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Signs
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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.

<b>1</b> Total pages Schedule F1: 3 of 3	<b>2</b> FILER NAME Andrew Hubaceak	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 9-14-2021	<b>5</b> Payee name KC Strategies LLC
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<b>6</b> Amount (\$) \$1369.57	<b>7</b> Payee address; 3517 Far West Blvd Suite 196	City; Austin	State; TX	Zip Code 78731
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Mailer
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-18-2021	Payee name Vistaprint
-------------------	--------------------------

Amount (\$) \$43.89	Payee address; 170 Data Dr.	City; Waltham	State; MA	Zip Code 02451
------------------------	--------------------------------	------------------	--------------	-------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing expense	Description Postcards
	<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 (\$)	Payee address;	City;	State;	Zip Code
-------------	----------------	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**