

# 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: **16**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Mr. Andrew W  
NICKNAME LAST SUFFIX  
Hubacek

**OFFICE USE ONLY**

Date Received

**RECEIVED**

**JUL 07 2025**

**CITY OF MESQUITE  
CITY SECRETARY**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
213 Toler Dr Mesquite TX 75149

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 469 ) 395-7865

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Mr Rickey D  
NICKNAME LAST SUFFIX  
Callahan

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
237 Toler Dr Mesquite TX 75149

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 214 ) 354-1100

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  
12 / 31 / 24 THROUGH 6 / 30 / 25

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
11 / 4 / 25  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Mesquite City Council Place 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

Additional Pages

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

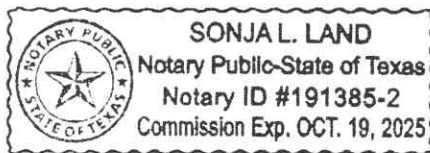
<b>15 C/OH NAME</b> Andrew Hubacek		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,318.81
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,342.48
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,540.26
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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.

*[Handwritten Signature]*  
\_\_\_\_\_  
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 7 day of July, 2025, 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		\$ 6,320.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,998.81
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2,342.48
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		\$
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 of 11
2 FILER NAME Andrew Hubacek		3 Filer ID (Ethics Commission Filers)
4 Date 4/21/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Richard Bell 6 Contributor address; City; State; Zip Code 1412 Oxford Pl Mesquite TX 75149	7 Amount of contribution (\$) <b>250</b>
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 4/21/2025	Full name of contributor out-of-state PAC (ID#: _____) Dianna Davis Contributor address; City; State; Zip Code 923 Tiffany Mesquite TX 75149	Amount of contribution (\$) <b>100</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/24/2025	Full name of contributor out-of-state PAC (ID#: _____) Richard Bell Contributor address; City; State; Zip Code 1412 Oxford Pl Mesquite TX 75149	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 04/26/2025	Full name of contributor out-of-state PAC (ID#: _____) Michelle Schoening Contributor address; City; State; Zip Code 16243 Prairie Meadow Forney TX 75126	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<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.		

# 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>2 of 11</b>
2 FILER NAME <b>Andrew Hubacek</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/27/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Pamela Medlin</b>	7 Amount of contribution (\$)  <b>250.00</b>
	6 Contributor address; City; State; Zip Code <b>217 Toler Dr Mesquite TX 75149</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Retired		
Date <b>04/27/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>James Terry</b>	Amount of contribution (\$)  <b>200.00</b>
	Contributor address; City; State; Zip Code <b>2320 Heatherdale Mesquite TX 75150</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Retired		
Date <b>04/27/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jeremy Cooksey</b>	Amount of contribution (\$)  <b>150.00</b>
	Contributor address; City; State; Zip Code <b>1323 Fernwood Mesquite TX 75149</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Self contractor		
Date <b>04/27/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Oscar Oswalt</b>	Amount of contribution (\$)  <b>500.00</b>
	Contributor address; City; State; Zip Code <b>1434 Rosemont St Mesquite TX 75149</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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.		

# 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>3 of 4</i>
2 FILER NAME <b>Andrew Hubacek</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/27/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Angela Singletary</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>12309 Spring Branch Dr Balch Springs TX 75180</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/27/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Mary Smith</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>1045 Cochran St Mesquite TX 75149</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/27/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Rickey Callahan</b>	Amount of contribution (\$) <b>300.00</b>
Contributor address; City; State; Zip Code <b>237 Toler Dr Mesquite TX 75149</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/27/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Donna Crook</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>1205 Lakeshore Dr Mesquite TX 75149</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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.		

# 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:

4 of 11

2 FILER NAME

Andrew Hubacek

3 Filer ID (Ethics Commission Filers)

4 Date

04/27/2025

5 Full name of contributor

Shirley Cole

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

1005 W Grubb Mesquite TX 75149

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/27/2025

Full name of contributor

Christi Archer

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

125.00

Contributor address;

City;

State;

Zip Code

104 Rock Creek Terrel TX 75160

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/27/2025

Full name of contributor

Victor Carrillo

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

108 Mischief Ln Rockwall TX 75032

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/27/2025

Full name of contributor

Kellie Good

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

2621 Monticello Dr Mesquite TX 75149

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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# 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>5 of 11</i>
2 FILER NAME <b>Andrew Hubacek</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/27/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Dean Hildebrand</b>	7 Amount of contribution (\$)  <b>500.00</b>
	6 Contributor address; City; State; Zip Code <b>4406 Silverthorn Mesquite TX 75150</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>04/27/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Brian Martin</b>	Amount of contribution (\$)  <b>500.00</b>
	Contributor address; City; State; Zip Code <b>1709 Shadow Cr Mesquite TX 75181</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>04/27/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Janice Houston</b>	Amount of contribution (\$)  <b>50.00</b>
	Contributor address; City; State; Zip Code <b>1711 S. Parkway Mesquite TX 75149</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>04/27/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Robert Flint</b>	Amount of contribution (\$)  <b>200.00</b>
	Contributor address; City; State; Zip Code <b>504 Kathy Mesquite TX 75149</b>	
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>		
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# 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:

6 of 11

2 FILER NAME

Andrew Hubacek

3 Filer ID (Ethics Commission Filers)

4 Date

04/27/2025

5 Full name of contributor

Ron Graham

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

2408 Heatherdale Mesquite TX 75150

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/27/2025

Full name of contributor

James Winters

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

4117 New Hope Ct Plano TX 75024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/27/2025

Full name of contributor

Pat May

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

718 PebbleCreek Mesquite TX 75149

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/27/2025

Full name of contributor

Bill Metzger

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

414 Ranchero Dr Sunnyvale TX 75182

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages, Schedule A1: 7 of 11
<b>2</b> FILER NAME Andrew Hubacek		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/27/2025	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Donnie Gilbreath <b>6</b> Contributor address; City; State; Zip Code 11435 Kleburg Rd apt 227 Dallas TX 75253	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 04/27/2025	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Walt Thomas <b>Contributor address; City; State; Zip Code</b> 477 E Fork Rd Sunnyvale TX 75182	<b>Amount of contribution (\$)</b> <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 04/27/2025	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Bob Kubin <b>Contributor address; City; State; Zip Code</b> 212 E Grubb Dr Mesquite TX 75149	<b>Amount of contribution (\$)</b> <b>40.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 04/27/2025	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Jose Serrato <b>Contributor address; City; State; Zip Code</b> 620 S. Walker Mesquite TX 75149	<b>Amount of contribution (\$)</b> <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<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.		

# 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 1</i>
2 FILER NAME <b>Andrew Hubacek</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/27/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Laura Crum</b>	7 Amount of contribution (\$)  <b>20.00</b>
	6 Contributor address; City; State; Zip Code <b>1727 Andrew St Mesquite TX 75149</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>4-28-2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Art Greenhaw</b>	Amount of contribution (\$)  <b>600.00</b>
	Contributor address; City; State; Zip Code <b>1211 Lakeshore Dr Mesquite TX 75149</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/29/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>David Oldright</b>	Amount of contribution (\$)  <b>200.00</b>
	Contributor address; City; State; Zip Code <b>1449 Monica Ln Mesquite TX 75149</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>05/05/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Judy Porter</b>	Amount of contribution (\$)  <b>100.00</b>
	Contributor address; City; State; Zip Code <b>117 Sunview St Sunnyvale TX 75182</b>	
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>		
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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 9 of 11
<b>2</b> FILER NAME Andrew Hubacek		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/09/2025	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Philip Buford <b>6</b> Contributor address; City; State; Zip Code 4209 Arbor Mesquite TX 75150	<b>7</b> Amount of contribution (\$)  <b>40.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

<b>Date</b> 05/10/2025	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Terry Westmoreland <b>Contributor address; City; State; Zip Code</b> 438 Dinalynn Dr Mesquite TX 75149	<b>Amount of contribution (\$)</b>  <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

<b>Date</b> 05/10/2025	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Carolyn Hinton <b>Contributor address; City; State; Zip Code</b> 1220 Tosch Ln Mesquite TX 75149	<b>Amount of contribution (\$)</b>  <b>50.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

<b>Date</b> 05/10/2025	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Thomasine Hunter <b>Contributor address; City; State; Zip Code</b> 1731 Summit St., Mesquite TX 75149	<b>Amount of contribution (\$)</b>  <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# 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>10 of 11</i>
2 FILER NAME <b>Andrew Hubacek</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/13/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Joe Smith</b> 6 Contributor address; City; State; Zip Code <b>500 YOSEMITE TRL MESQUITE TX 75149</b>	7 Amount of contribution (\$)  <b>10.0</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>5/23/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lora Evans</b> Contributor address; City; State; Zip Code <b>3254 Wichita Mesquite TX 75149</b>	Amount of contribution (\$)  <b>150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/27/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Michael Idemudia</b> Contributor address; City; State; Zip Code <b>1121 Hancock Ave. Forney TX 75126</b>	Amount of contribution (\$)  <b>150.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/27/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Michael McClusky</b> Contributor address; City; State; Zip Code <b>22311 Maybrook Parks Cr. Katy TX 77450</b>	Amount of contribution (\$)  <b>100.00</b>
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

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>11 of 11</i>
2 FILER NAME <b>Andrew Hubacek</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/01/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Joe Smith</b> 6 Contributor address; City; State; Zip Code <b>500 YOSEMITE TRL MESQUITE TX 75149</b>	7 Amount of contribution (\$)  <b>10.0</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>6/5/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Kay Meredith</b> Contributor address; City; State; Zip Code <b>1039 Chappell Dr Mesquite TX 75149</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>6/5/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lester Mona</b> Contributor address; City; State; Zip Code <b>517 Candlewood Garland TX 75041</b>	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>06/21/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Steve Smith</b> Contributor address; City; State; Zip Code <b>1365 Greenbriar Lancaster TX 75146</b>	Amount of contribution (\$)  <b>50.00</b>
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>		

# 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:	
2 FILER NAME <b>Andrew Hubacek</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>500.00</b>	
5 Date <b>4-27-2025</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dritan Nokshiqi</b>	8 Amount of Contribution \$ <b>500</b>	9 In-kind contribution description <b>Food</b>
7 Contributor address; City; State; Zip Code <b>2502 Glen Meadows Mesquite TX 75149</b>		<small>Check if travel outside of Texas. Complete Schedule T.</small>	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>Self employed</b>	
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 <b>06/16/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MFFA-PAC Mesquite Firefighters Association</b>	Amount of Contribution \$ <b>1,498.81</b>	In-kind contribution description <b>Signs</b>
Contributor address; City; State; Zip Code <b>321 S Galloway Ave Mesquite TX 75149</b>		<small>Check if travel outside of Texas. Complete Schedule T.</small>	
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)			
<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.			

# 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>2</b> FILER NAME Andrew Hubacek	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 04/18/2025	<b>5</b> Payee name Peacock Press LLC
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<b>6</b> Amount (\$) 669.78	<b>7</b> Payee address; 1250 Majesty Dr.	City; Dallas	State; TX	Zip Code 75247
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<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 Cards
	<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 04/21/2025	Payee name Counter Consulting
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Amount (\$) 850.00	Payee address; 3712 Racquet Court	City; Plano	State; TX	Zip Code 75023
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Graphics
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 06/05/2025	Payee name Graphics 4U
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Amount (\$) 822.70	Payee address; 801 K Ave	City; Plano	State; TX	Zip Code 75074
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Shirts
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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**