





# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

|  |  |   |
|--|--|---|
| <b>19</b> FILER NAME<br>Andrew Hubacek   |  | <b>20</b> Filer ID (Ethics Commission Filers) |
| <b>21</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   |  | SUBTOTAL<br>AMOUNT                            |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                         |  | \$ 2,170.00                                   |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS   |  | \$  |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   |  | \$  |
| 4. SCHEDULE E: LOANS   |  | \$  |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS |  | \$ 1,081.31                                   |
| 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:<br><i>1 of 4</i>  |
| 2 FILER NAME<br><b>Andrew Hubacek</b>   |   | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br><b>07/01/2025</b>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Joe Smith</b><br>6 Contributor address; City; State; Zip Code<br><b>500 Yosemite Trl Mesquite TX 75149</b> | 7 Amount of contribution (\$)<br><b>10.0</b> |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)                |
| Date<br><b>07/06/2025</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Scheryl Bell</b><br>Contributor address; City; State; Zip Code<br><b>1412 Oxford Mesquite TX 75149</b>       | Amount of contribution (\$)<br><b>200.00</b> |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                  |
| Date<br><b>07/07/2025</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Monte Aylor</b><br>Contributor address; City; State; Zip Code<br><b>5421 Deep Canyon Garland TX 75043</b>    | Amount of contribution (\$)<br><b>50.00</b>  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                  |
| Date<br><b>07/15/2025</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Cathy Katham</b><br>Contributor address; City; State; Zip Code<br><b>1316 Quapaw Mesquite TX 75149</b>       | Amount of contribution (\$)<br><b>40.00</b>  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|   |  |  |
|---|--|--|
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| 2 FILER NAME<br><b>Andrew Hubacek</b>   |  | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br><b>07/16/2025</b>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Judy Erwin</b><br>.....<br>6 Contributor address; City; State; Zip Code<br><b>1013 Norton Dr. Mesquite TX 75149</b>   | 7 Amount of contribution (\$)<br><br><b>100.00</b> |
| 8 Principal occupation / Job title (See Instructions)   |  | 9 Employer (See Instructions)                      |
| Date<br><b>7/19/2025</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Judy Porter</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>117 Sunview St Sunnyvale TX 75182</b>      | Amount of contribution (\$)<br><br><b>200.00</b>   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                        |
| Date<br><b>7/26/2025</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Les Goekler</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>136 Riggs Cir Mesquite TX 75149</b>        | Amount of contribution (\$)<br><br><b>100.00</b>   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                        |
| Date<br><b>07/28/2025</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Carolyn Stoddard</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>920 Lakeland Dr Mesquite TX 75149</b> | Amount of contribution (\$)<br><br><b>500.00</b>   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                        |
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

3 of 4

2 FILER NAME

Andrew Hubacek

3 Filer ID (Ethics Commission Filers)

4 Date

07/29/2025

5 Full name of contributor

Susan Cumby

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

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

1027 S Belt Line Rd. Mesquite TX 75149

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/1/2025

Full name of contributor

Joe Smith

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

Amount of contribution (\$)

10.00

Contributor address;

City;

State;

Zip Code

500 Yosemite Trl Mesquite TX 75149

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-14-2025

Full name of contributor

Temperance Mapes

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

Amount of contribution (\$)

500

Contributor address;

City;

State;

Zip Code

1013 Tosch Ln Mesquite TX 75149

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/01/2025

Full name of contributor

Joe Smith

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

Amount of contribution (\$)

10.00

Contributor address;

City;

State;

Zip Code

500 Yosemite Trl Mesquite TX 75149

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A1:<br>4 of 4           |
| 2 FILER NAME<br>Andrew Hubacek  |   | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br>09/07/2025  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br>Bryan Odom<br>6 Contributor address; City; State; Zip Code<br>1330 Buena Vista, Mesquite TX 75149 | 7 Amount of contribution (\$)<br><b>100.00</b> |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)                  |
| Date<br>09/10/2025  | Full name of contributor out-of-state PAC (ID#: _____)<br>Lora Evans<br>Contributor address; City; State; Zip Code<br>3254 Wichita Dr., Mesquite TX 75149     | Amount of contribution (\$)<br><b>250.00</b>   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |
| Date<br>09/11/2025  | Full name of contributor out-of-state PAC (ID#: _____)<br>Darlene Amos<br>Contributor address; City; State; Zip Code<br>1715 Blemont, Mesquite TX 75149       | Amount of contribution (\$)<br><b>50.00</b>    |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code  | Amount of contribution (\$)                    |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |
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# 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<br>Andrew Hubacek | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|---------------------------------------|--|

|                             |                                    |
|-----------------------------|------------------------------------|
| <b>4</b> Date<br>07/28/2025 | <b>5</b> Payee name<br>Dairy Queen |
|-----------------------------|------------------------------------|

|                               |  |                   |              |                   |
|-------------------------------|--|-------------------|--------------|-------------------|
| <b>6</b> Amount (\$)<br>80.00 | <b>7</b> Payee address;<br>740 Gross Rd. | City;<br>Mesquite | State;<br>TX | Zip Code<br>75149 |
|-------------------------------|--|-------------------|--------------|-------------------|

|                                    |  |                                     |
|------------------------------------|--|-------------------------------------|
| <b>8</b><br>PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | <b>(b)</b> Description<br>Ice Cream |
|                                    | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                     |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                    |                                    |
|--------------------|------------------------------------|
| Date<br>09/12/2025 | Payee name<br>Mesquite Print House |
|--------------------|------------------------------------|

|                       |                                 |                   |              |                   |
|-----------------------|---------------------------------|-------------------|--------------|-------------------|
| Amount (\$)<br>441.66 | Payee address;<br>2151 EastGlen | City;<br>Mesquite | State;<br>TX | Zip Code<br>75181 |
|-----------------------|---------------------------------|-------------------|--------------|-------------------|

|                               |   |                            |
|-------------------------------|---|----------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description<br>Shirts/Caps |
|                               | 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 |
|--|-------------------------------|---------------|-------------|

|                    |                                      |
|--------------------|--------------------------------------|
| Date<br>09/15/2025 | Payee name<br>First Graphic Services |
|--------------------|--------------------------------------|

|                       |                                  |                  |              |                   |
|-----------------------|----------------------------------|------------------|--------------|-------------------|
| Amount (\$)<br>559.65 | Payee address;<br>229 Garvon St. | City;<br>Garland | State;<br>TX | Zip Code<br>75040 |
|-----------------------|----------------------------------|------------------|--------------|-------------------|

|                               |   |                      |
|-------------------------------|---|----------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description<br>Signs |
|                               | 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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