

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

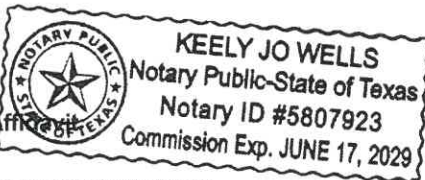
FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>1</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR			
NICKNAME		FIRST		MI	
		<u>Andrew</u>		<u>W</u>	
		LAST		SUFFIX	
		<u>Hubacek</u>			
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
		<input type="checkbox"/> Final report Other (specify) _____		Date Hand Delivered or Date Postmarked CITY OF MESQUITE CITY SECRETARY	
5 ORIGINAL PERIOD COVERED		Month Day Year <u>07 / 01 / 2025</u> THROUGH <u>09 / 25 / 2025</u>		Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	

6 EXPLANATION OF CORRECTION
Did not include an in-kind political contribution. Total contribution \$252.14

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
 Check ONLY if applicable:
 Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
 Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Andrew Hubacek
 Signature of Candidate/Officeholder



Please complete either option below:

(1) Affirmation
 NOTARY STAMP / SEAL
 Sworn to and subscribed before me by Andrew Hubacek this the 1 day of October, 2025, to certify which, witness my hand and seal of office.
Keely Wells Keely Wells 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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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: 9

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
Mr Rickey D

NICKNAME LAST SUFFIX
Callahan

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
7 / 1 / 25 THROUGH 9 / 25 / 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

OFFICE USE ONLY

Date Received

RECEIVED

OCT 01 2025

CITY OF MESQUITE
CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

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		\$ 2170.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 252.14
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1081.31
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: <i>1 of 4</i>
2 FILER NAME Andrew Hubacek		3 Filer ID (Ethics Commission Filers)
4 Date 07/01/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Joe Smith	7 Amount of contribution (\$) 10.0
	6 Contributor address; City; State; Zip Code 500 Yosemite Trl Mesquite TX 75149	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 07/06/2025	Full name of contributor out-of-state PAC (ID#: _____) Scheryl Bell	Amount of contribution (\$) 200.00
	Contributor address; City; State; Zip Code 1412 Oxford Mesquite TX 75149	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 07/07/2025	Full name of contributor out-of-state PAC (ID#: _____) Monte Aylor	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 5421 Deep Canyon Garland TX 75043	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 07/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Cathy Katham	Amount of contribution (\$) 40.00
	Contributor address; City; State; Zip Code 1316 Quapaw Mesquite TX 75149	
Principal occupation / Job title (See Instructions)		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 of 4

2 FILER NAME

Andrew Hubacek

3 Filer ID (Ethics Commission Filers)

4 Date

07/16/2025

5 Full name of contributor

Judy Erwin

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

1013 Norton Dr. Mesquite TX 75149

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/19/2025

Full name of contributor

Judy Porter

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

117 Sunview St Sunnyvale TX 75182

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/26/2025

Full name of contributor

Les Goekler

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

136 Riggs Cir Mesquite TX 75149

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/28/2025

Full name of contributor

Carolyn Stoddard

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

920 Lakeland 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: 3 of 4
2 FILER NAME Andrew Hubacek		3 Filer ID (Ethics Commission Filers)
4 Date 07/29/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Susan Cumby 6 Contributor address; City; State; Zip Code 1027 S Belt Line Rd. Mesquite TX 75149	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/1/2025	Full name of contributor out-of-state PAC (ID#: _____) Joe Smith Contributor address; City; State; Zip Code 500 Yosemite Trl Mesquite TX 75149	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8-14-2025	Full name of contributor out-of-state PAC (ID#: _____) Temperance Mapes Contributor address; City; State; Zip Code 1013 Tosch Ln Mesquite TX 75149	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/01/2025	Full name of contributor out-of-state PAC (ID#: _____) Joe Smith Contributor address; City; State; Zip Code 500 Yosemite Trl Mesquite TX 75149	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		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: 4 of 4
2 FILER NAME Andrew Hubacek		3 Filer ID (Ethics Commission Filers)
4 Date 09/07/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Bryan Odom	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 1330 Buena Vista, Mesquite TX 75149	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 09/10/2025	Full name of contributor out-of-state PAC (ID#: _____) Lora Evans	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 3254 Wichita Dr., Mesquite TX 75149	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 09/11/2025	Full name of contributor out-of-state PAC (ID#: _____) Darlene Amos	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 1715 Blemont, Mesquite TX 75149	
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)

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.

1 Total pages Schedule F1:	2 FILER NAME Andrew Hubacek	3 Filer ID (Ethics Commission Filers)
4 Date 07/28/2025	5 Payee name Dairy Queen	
6 Amount (\$) 80.00	7 Payee address; 740 Gross Rd.	City; State; Zip Code Mesquite TX 75149
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Ice Cream
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/12/2025	Payee name Mesquite Print House	
Amount (\$) 441.66	Payee address; 2151 EastGlen Mesquite	City; State; Zip Code TX 75181
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description 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 09/15/2025	Payee name First Graphic Services	
Amount (\$) 559.65	Payee address; 229 Garvon St.	City; State; Zip Code Garland TX 75040
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description 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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