

# 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:															
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border:none;"> <tr> <td style="font-size:small;">MS / MRS / MR</td> <td style="font-size:small;">FIRST</td> <td style="font-size:small;">MI</td> </tr> <tr> <td style="text-align:center">Mr.</td> <td style="text-align:center">Andrew</td> <td style="text-align:center">W</td> </tr> <tr> <td style="font-size:small;">NICKNAME</td> <td style="font-size:small;">LAST</td> <td style="font-size:small;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align:center">Hubacek</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	Andrew	W	NICKNAME	LAST	SUFFIX		Hubacek		<b>OFFICE USE ONLY</b>				
MS / MRS / MR	FIRST	MI																
Mr.	Andrew	W																
NICKNAME	LAST	SUFFIX																
	Hubacek																	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	<table style="width:100%; border:none;"> <tr> <td style="font-size:small;">ADDRESS / PO BOX;</td> <td style="font-size:small;">APT / SUITE #;</td> <td style="font-size:small;">CITY;</td> <td style="font-size:small;">STATE;</td> <td style="font-size:small;">ZIP CODE</td> </tr> <tr> <td>213 Toler Dr.</td> <td></td> <td>Mesquite</td> <td>TX</td> <td>75149</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	213 Toler Dr.		Mesquite	TX	75149	<p style="font-size: 2em; margin: 0;"><b>RECEIVED</b></p> <p style="font-size: 1.5em; margin: 0;">JUL 05 2022</p> <p style="font-size: 1.2em; margin: 0;"><b>CITY OF MESQUITE CITY SECRETARY</b></p>					
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE														
213 Toler Dr.		Mesquite	TX	75149														
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	<table style="width:100%; border:none;"> <tr> <td style="font-size:small;">AREA CODE</td> <td style="font-size:small;">PHONE NUMBER</td> <td style="font-size:small;">EXTENSION</td> </tr> <tr> <td>( 469 )</td> <td>395-7865</td> <td></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	( 469 )	395-7865		Date Received									
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Mrs.	Christi	R																
NICKNAME	LAST	SUFFIX																
	Archer																	
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	<table style="width:100%; border:none;"> <tr> <td style="font-size:small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="font-size:small;">APT / SUITE #;</td> <td style="font-size:small;">CITY;</td> <td style="font-size:small;">STATE;</td> <td style="font-size:small;">ZIP CODE</td> </tr> <tr> <td>429 S. Walker St</td> <td></td> <td>Mesquite</td> <td>TX</td> <td>75149</td> </tr> </table>		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	429 S. Walker St		Mesquite	TX	75149	Receipt #					
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<b>10 PERIOD COVERED</b>	<table style="width:100%; border:none;"> <tr> <td style="font-size:small;">Month</td> <td style="font-size:small;">Day</td> <td style="font-size:small;">Year</td> <td style="font-size:small;">THROUGH</td> <td style="font-size:small;">Month</td> <td style="font-size:small;">Day</td> <td style="font-size:small;">Year</td> </tr> <tr> <td>1</td> <td>01</td> <td>2022</td> <td></td> <td>06</td> <td>30</td> <td>2022</td> </tr> </table>				Month	Day	Year	THROUGH	Month	Day	Year	1	01	2022		06	30	2022
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<b>12 OFFICE</b>	OFFICE HELD (if any) None	<b>13 OFFICE SOUGHT</b> (if known) None																
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> <input type="checkbox"/> Additional Pages	<p style="font-size:small; margin: 0;">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.</p> <table style="width:100%; border:none;"> <tr> <td style="font-size:small;">COMMITTEE TYPE</td> <td style="font-size:small;">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS						
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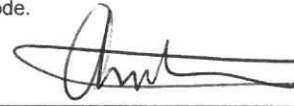
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

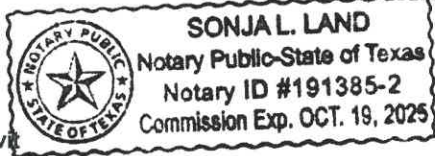
<b>15 C/OH NAME</b> Andrew Hubacek		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6562.74
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**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 6 day of July, 2022, 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)