

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Garrett Lane ----- NICKNAME LAST SUFFIX Hubbard	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1142 Partridge Pl. Abilene, TX 79605	Date Received <div style="border: 1px solid blue; padding: 5px; width: fit-content; margin: auto;"> Abilene City Secretary JAN 15 2021 Filed for Record </div>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 201-7922	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Trevon ----- NICKNAME LAST SUFFIX Hardy	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Edwards Hall 1995 Campus Ct. Abilene, TX 79699		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 229-4482		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 12 / 5 / 2020 THROUGH 1 / 15 / 2021		
11 ELECTION	ELECTION DATE Month Day Year 05 / 01 / 2021	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council - Place 2	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.		
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Garrett Hubbard</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>530.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>530.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>643.56</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>643.56</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Garrett Hubbard
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Garrett Hubbard this the 15th day of January, 2021, to certify which, witness my hand and seal of office.

Shawna Atkinson Signature of officer administering oath
Shawna Atkinson Printed name of officer administering oath
Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Garrett Hubbard, and my date of birth is 11/18/1996.
 My address is 1642 Partridge Pl., Abilene, TX, 79605, USA.
(street) (city) (state) (zip code) (country)
 Executed in Taylor County, State of TX, on the 13 day of January, 2021.
(month) (year)
Garrett Hubbard
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 530
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 643.56
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 113.56
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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 FILER NAME <i>Garrett Hubbard</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/1/2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephani Barnes</i>	7 Amount of contribution (\$) <i>\$ 10.00</i>
6 Contributor address; City; State; Zip Code <i>3824 TreeLake DR. JACKSONVILLE, FL 32257</i>		
8 Principal occupation / Job title (See Instructions) <i>Realtor</i>		9 Employer (See Instructions) <i>Momentum Realty</i>
Date <i>12/12/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shian Dyer</i>	Amount of contribution (\$) <i>\$ 8.00</i>
Contributor address; City; State; Zip Code <i>1150 Rodgers ST. Abilene, TX 79605</i>		
Principal occupation / Job title (See Instructions) <i>Server</i>		Employer (See Instructions) <i>Texas Roadhouse</i>
Date <i>12/14/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Manina Luna</i>	Amount of contribution (\$) <i>\$ 10.00</i>
Contributor address; City; State; Zip Code <i>1702 Delwood DR. Abilene TX 79603</i>		
Principal occupation / Job title (See Instructions) <i>Server</i>		Employer (See Instructions) <i>Texas Roadhouse</i>
Date <i>12/14/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karla Mayo</i>	Amount of contribution (\$) <i>\$ 10.00</i>
Contributor address; City; State; Zip Code <i>3833 Radcliff RD. Abilene TX 79602</i>		
Principal occupation / Job title (See Instructions) <i>Claims</i>		Employer (See Instructions) <i>Blue Cross Blue Shield</i>

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 FILER NAME <i>Garrett Hubbard</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Amanda Mayo</i>	7 Amount of contribution (\$) <i>\$ 10.00</i>
	6 Contributor address; City; State; Zip Code <i>2498 Buffalo Gap RD. Abilene, TX 79602</i>	
8 Principal occupation / Job title (See Instructions) <i>Supervisor</i>		9 Employer (See Instructions) <i>Blue Cross Blue Shield</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Clayton Tucker</i>	Amount of contribution (\$) <i>\$ 27.00</i>
	Contributor address; City; State; Zip Code <i>PO Box 59 Lampasas TX 76550</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Janna Dean</i>	Amount of contribution (\$) <i>\$ 125.00</i>
	Contributor address; City; State; Zip Code <i>5110 Greathouse Ave. Midland, TX 79707</i>	
Principal occupation / Job title (See Instructions) <i>Transportation Secretary</i>		Employer (See Instructions) <i>M.I.S.D.</i>
Date <i>12/25/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Grace Dewees</i>	Amount of contribution (\$) <i>\$ 100.00</i>
	Contributor address; City; State; Zip Code <i>3617 Brookhollow DR. Abilene, TX 79605</i>	
Principal occupation / Job title (See Instructions) <i>Service Manager</i>		Employer (See Instructions) <i>TX Roadhouse</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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:

2 FILER NAME Garrett Hubbard 3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robin McPherson</u>	7 Amount of contribution (\$) <u>\$25.00</u>
	6 Contributor address; City; State; Zip Code <u>5166 Wagon Wheel Dr. Abilene, TX 79606</u>	

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)
ACU

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lynita Pierson</u>	Amount of contribution (\$) <u>\$25.00</u>
	Contributor address; City; State; Zip Code <u>1550 Hwy. 2318 DeLeon, TX 76444</u>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Cynthia Sands</u>	Amount of contribution (\$) <u>\$150.00</u>
	Contributor address; City; State; Zip Code <u>81708 Avenida Alturas Indio, CA 92203</u>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)
Editor Self Employed

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Gwendolyn + Gerald Moran</u>	Amount of contribution (\$) <u>\$10.00</u>
	Contributor address; City; State; Zip Code <u>809 Flatwater Dr. Abilene, TX 79602</u>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)
Abilene Police Dept.

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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:
2 FILER NAME <i>Garrett Hubbard</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Morgan Martin</i>	7 Amount of contribution (\$) <i>\$ 20.00</i>
6 Contributor address; City; State; Zip Code <i>1290 S. Willis Ste. 111 Abilene, TX 79605</i>		
8 Principal occupation / Job title (See Instructions) <i>Server</i>		9 Employer (See Instructions) <i>Texas Roadhouse</i>
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)
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)
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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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 Garrett Hubbard	3 Filer ID (Ethics Commission Filers)
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4 Date 12/18/2020	5 Payee name Double Diamond Signs
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6 Amount (\$) \$243.56	7 Payee address; City; State; Zip Code 3005 S 1 st ST. Abilene, TX 79605
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/18/2020	Payee name McKenzie McPherson
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 2497 Campus Ct. Abilene, TX 79601
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Wages	Description Employee Payroll
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/6/2021	Payee name McKenzie McPherson
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 2497 Campus Ct. Abilene, TX 79601
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Wages	Description Employee Payroll
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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