CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

<u> </u>							
The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST JOHN	MI R	OFFICE USE ONLY			
NAME	NICKNAME	HUBBARD	SUFFIX	Date Received 2:21 pm			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 5614 Hummi	: APT / SUITE #; (ingbird Lane, Fain	2:21 pm 01/15/2024				
✓ Change of Address			SVTSVOON .				
5 CANDIDATE/ OFFICEHOLDER PHONE	(972)	588-4303	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$			
TREASURER NAME	MR	WARREN	S	Date Processed			
10000	NICKNAME	LAST	SUFFIX	01/15/2024			
		Nagumo		01/15/2024			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / S Dr. , Hurst, TX 76		STÂTE; ZIP CODE			
,	AREA CODE	PHONE NUMBER	EXTENSION				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 253-6873						
9 REPORT TYPE	January 15	30th day before e	Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD	Month	Day Year	Month	Day Year			
COVERED	7	/ 1 / 23	40 (04)04				
11 ELECTION	ELECTION DA	TE	ELECTION TYPE				
	Month Day	Year Primary	Runoff Other Description				
	5 / 7	General	Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	•			
	Town Council Seat 6 Town Council Seat 6						
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS						
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
COMMITTEE CAMPAIGN TREASURER ADDRESS							
GO TO PAGE 2							

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME John Roosevelt Hubbard, Ph.D. 20 Filer ID (Ethics Co			Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS			0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			0.00

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)						
John Roosevelt Hubbard, Ph.D.							
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	1	\$ 0.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0.00				
	4. TOTAL POLITICAL EXPENDITURES		\$ 0.00				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 0.00				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$ 0.00				
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	and corr	ect and includes all information				
Please complete either option below: (1) Affidavit							
NOTARY STAMP/SEA							
Sworn to and subscribed before me by this the day of,							
20, to certify which, witness my hand and seal of office.							
Signature of officer administe	ring oath Printed name of officer administering oath	y i e e le	Title of officer administering oath				
	OR						
(2) Unsworn Declaration	on						
My name is John R. Hubbard, and my date of birth is 16 Nov 1955							
My address is 5614 Hu	ımmingbird Lane Fairview T⟩	X 75	5069 USA .				
	(street) (city) (s	, ,	zip code) (country)				
Executed in Collin	County, State of Texas , on the State of Januar (month		y 20 <mark>24</mark> (year)				
Tara and a	Signature of Candid	iate/Office	noider (Decidiant)				