

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 10			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Dean	MI			
	NICKNAME	LAST Hrbacek	SUFFIX			
<b>OFFICE USE ONLY</b>						
Date Received <span style="font-size: 1.2em; color: gray;">OCT 11 2022 RMD</span>						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1239 Creekford Circle  Sugar Land, TX 77478		ZIP CODE			
	Date Hand-delivered or Date Postmarked					
	Receipt #	Amount				
	Date Processed					
Date Imaged						
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <span style="font-size: 1.2em; color: blue;">MS KATHY</span>	MI			
	NICKNAME	LAST <span style="font-size: 1.2em; color: blue;">LUCKENBACH</span>	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.2em; color: blue;">534 LONGVIEW DR. SUGAR LAND TX 77478</span>					
	7 CAMPAIGN TREASURER PHONE	AREA CODE <span style="font-size: 1.2em; color: blue;">281</span>	PHONE NUMBER <span style="font-size: 1.2em; color: blue;">491-2339</span>	EXTENSION		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)					
9 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	07/01/2022			THROUGH	09/29/2022	
10 ELECTION	ELECTION DATE Month Day Year 11/08/2022			ELECTION TYPE		
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special					
11 OFFICE	OFFICE HELD (if any) None Fort Bend			12 OFFICE SOUGHT (if known) County Court at Law No. 6		

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 10

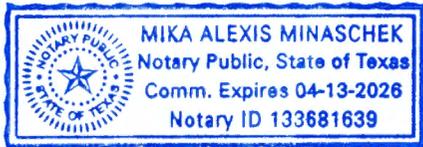
13 C / OH NAME Hrbacek, Dean	14 Filer ID
---------------------------------	-------------

<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b> <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
	<b>COMMITTEE ADDRESS</b>	
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,745.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	52.28
	4. TOTAL POLITICAL EXPENDITURES	\$	7,062.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,966.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	94,167.04

**17 AFFIDAVIT**

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.



*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DEAN A. HRBACEK, this the 11th day of OCTOBER, 2022, to certify which, witness my hand and seal of office.

<i>[Handwritten Signature]</i>	Mika Minaschek	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

**SUBTOTALS - JC/OH**

<b>18 FILER NAME</b> Hrbacek, Dean		<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 2,745.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 828.73
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1,800.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 4,433.48
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/10
2 FILER NAME Hrbacek, Dean		3 Filer ID
4 Date 07/12/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailes Bates & Associates, LLP	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code 1650 Highway 6, Suite 470  Sugar Land, TX 77478	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/28/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Bend Republican Womens Club PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 1810 Maidenhair Ln  Sugar Land, TX 77479	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/11/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaRose, Guy	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 2922 Black Walnut Ct.  Richmond, TX 77469-2005	
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/10
<b>2</b> FILER NAME Hrbacek, Dean		<b>3</b> Filer ID
<b>4</b> Date 08/26/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Landry, Lucinda <hr/> <b>6</b> Contributor address; City; State; Zip Code 903 Texas Star Dr.  Richmond, TX 77469-5780	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title Retired
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/08/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seymore, Charles <hr/> Contributor address; City; State; Zip Code 3803 Lakeridge Canyon Dr  Sugar Land, TX 77498	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Seymore Alternate Dispute Resolution		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/28/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Skarzynski, Carolyn <hr/> Contributor address; City; State; Zip Code 2915 Persimmon Grove  Richmond, TX 77469	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 6/10	<b>2</b> FILER NAME Hrbacek, Dean	<b>3</b> Filer ID
---	--------------------------------------	-------------------

<b>4</b> Date 09/25/2022	<b>5</b> Payee name Guzman, Jose
-----------------------------	-------------------------------------

<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 3030 Dunvale Rd. Apt 6303 Houston, TX 77063
----------------------------------	--

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

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

Date 09/07/2022	Payee name Kwik Kopy Printing
--------------------	----------------------------------

Amount (\$) \$216.50	Payee address; City; State; Zip Code 130 Industrial Blvd., Ste. 160  Sugar Land, TX 77478
-------------------------	--

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

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

Date 09/25/2022	Payee name Martinez, Jayde
--------------------	-------------------------------

Amount (\$) \$225.00	Payee address; City; State; Zip Code 3030 Dunvale Rd. Apt. 6303 Houston, TX 77063
-------------------------	--

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

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 7/10		2 FILER NAME Hrbacek, Dean		3 Filer ID	
4 Date 09/02/2022		5 Payee name Minaschek, Mika			
6 Amount (\$) \$34.95		7 Payee address; City; State; Zip Code 18545 University Blvd. Apt 1134 Sugar Land, TX 77479			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement of Lyft delivery charges.	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 08/31/2022		Payee name Sugar Land Rotary Club			
Amount (\$) \$25.00		Payee address; City; State; Zip Code 420 Sugar Creek Blvd. Sugar Land, TX 77478			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 08/31/2022		Payee name Troy Nehls for Congress			
Amount (\$) \$25.00		Payee address; City; State; Zip Code 1612 Crabb River Rd. Richmond, TX 77469			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Book for Door Prize at Event	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: Sch: 1/1 Rpt: 8/10	<b>2</b> FILER NAME Hrbacek, Dean	<b>3</b> Filer ID
---	--------------------------------------	-------------------

<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

<b>5</b> Date 09/07/2022	<b>6</b> Payee name Fort Bend Independent
-----------------------------	--

<b>7</b> Amount (\$) \$1,800.00	<b>8</b> Payee address; City; State; Zip Code P. O. Box 623  Sugar Land, TX 77487
------------------------------------	--

<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising
----------------------------------	--	---

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

### 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 G: Sch: 1/1 Rpt: 9/10	<b>2</b> FILER NAME Hrbacek, Dean	<b>3</b> Filer ID
<b>4</b> Date 09/09/2022	<b>5</b> Payee name Capitol Couriers Inc.	
<b>6</b> Amount (\$) \$73.71  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 5200 Mitchelldale St. Ste D-7 Houston, TX 77092	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Delivery Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Delivery Expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/01/2022	Payee name Sprint 2 Print	
Amount (\$) \$3,052.65  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8748 Clay Road Ste. 300 Houston, TX 77080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 09/22/2022	Payee name Sprint 2 Print	
Amount (\$) \$1,307.12  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8748 Clay Road Ste. 300 Houston, TX 77080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# OUTSTANDING LOANS

SCHEDULE L

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule L: Sch: 1/1 Rpt: 10/10
<b>2</b> FILER NAME Hrbacek, Dean		<b>3</b> Filer ID
<b>LENDER INFORMATION</b>	<b>4</b> Name of lender Hrbacek, Dean	
	<b>5</b> Lender address; City; State; Zip Code 1239 Creekford Cir.  Sugar Land, TX 77478	
<b>GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	<b>6</b> Name of guarantor	
	<b>7</b> Guarantor address; City; State; Zip Code	