

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: 15	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST Anael	MI	OFFICE USE ONLY Date Received 1/16/2024 Date Hand-delivered or Date Postmarked mailed 1/16/2024 Receipt # Amount \$ 0 Date Processed 1/16/2024 Date Imaged 1/17/2024
	NICKNAME	LAST Luebanos	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
	3321 Ryan Ave Fort Worth, TX 76110			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (682)	PHONE NUMBER 597-6261	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Judy	MI	
	NICKNAME	LAST Needham	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
6341 Klamath Rd. Fort Worth, TX 76116				
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 223-0552	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 23 12 / 31 / 23			
11 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
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.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	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 Anael R Luebanos		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,425.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,375.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 64,894.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

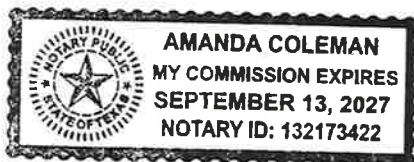
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Anael Luebanos

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Anael Luebanos this the 10th day of January 2024, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Amanda Coleman
Printed name of officer administering oath

Election Officer
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)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

Anael R Luebanos

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,425.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,735.86
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 2,000.00
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,375.73
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:
2 FILER NAME Anael R Luebanos		3 Filer ID (Ethics Commission Filers)
4 Date 11/28/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Cade Lovelace 6 Contributor address; City; State; Zip Code Fort Worth, Texas 76110	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/04/2023	Full name of contributor out-of-state PAC (ID#: _____) Richard Casarez Contributor address; City; State; Zip Code Fort Worth, Texas 76108	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Samuel Davila Contributor address; City; State; Zip Code Fort Worth, Texas 76180	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Eric Fox Contributor address; City; State; Zip Code Fort Worth, Texas 76109	Amount of contribution (\$) 250.00
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:
2 FILER NAME Anael R Luebanos		3 Filer ID (Ethics Commission Filers)
4 Date 12/05/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Sergio DeLeon 6 Contributor address; City; State; Zip Code Fort Worth, Texas 76107	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Pat Monaghan Contributor address; City; State; Zip Code Fort Worth, Texas 76108	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Steven R Poole Contributor address; City; State; Zip Code Fort Worth, Texas 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Rosario Villalpando Contributor address; City; State; Zip Code Chico, Texas 76431	Amount of contribution (\$) 2,000.00
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Anael R Luebanos		3 Filer ID (Ethics Commission Filers)
4 Date 12/05/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Robert Fernandez 6 Contributor address; City; State; Zip Code Fort Worth, Texas 76109	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Shana Robinson Contributor address; City; State; Zip Code San Antonio, Texas 78248	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Ulises Salgado Contributor address; City; State; Zip Code Fort Worth, Texas 76105	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Good Government Fund Contributor address; City; State; Zip Code Fort Worth, Texas 76102	Amount of contribution (\$) 1,000.00
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

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2 FILER NAME Anael R Luebanos		3 Filer ID (Ethics Commission Filers)
4 Date 12/01/2023	5 Full name of contributor out-of-state PAC (ID#: _____) PSEL PAC 6 Contributor address; City; State; Zip Code Fort Worth, Texas 76102	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Samson Cantu Contributor address; City; State; Zip Code Fort Worth, Texas 76109	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: _____) James Austin Contributor address; City; State; Zip Code Fort Worth, Texas 76112	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Tobi Jackson Contributor address; City; State; Zip Code Fort Worth, Texas 76112	Amount of contribution (\$) 250.00
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

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2 FILER NAME Anael R Luebanos		3 Filer ID (Ethics Commission Filers)
4 Date 12/05/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Stephen Litke 6 Contributor address; City; State; Zip Code Fort Worth, Texas 76110	7 Amount of contribution (\$) 75.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Dee Kelly Jr. Contributor address; City; State; Zip Code Fort Worth, Texas 76107	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Gerardo Villegas Contributor address; City; State; Zip Code Fort Worth, Texas 76115	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Martha V. Leonard Contributor address; City; State; Zip Code Fort Worth, Texas 76107	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Anael R Luebanos		3 Filer ID (Ethics Commission Filers)
4 Date 12/05/2023	5 Full name of contributor out-of-state PAC (ID#: _____) William Meadows 6 Contributor address; City; State; Zip Code Fort Worth, Texas 76107	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Mathew R Carter Contributor address; City; State; Zip Code Willowpark, Texas 76008	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Domingo Garcia Contributor address; City; State; Zip Code Dallas, Texas 75208	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Adelaide Leavens Contributor address; City; State; Zip Code Fort Worth, Texas 76109	Amount of contribution (\$) 50.00
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Anael R Luebanos		3 Filer ID (Ethics Commission Filers)
4 Date 12/05/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Nellie Villalpando 6 Contributor address; City; State; Zip Code Fort Worth, Texas 76105	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Edwin Hinojosa Contributor address; City; State; Zip Code Fort Worth, Texas 76105	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Jonathan Rivera Contributor address; City; State; Zip Code Fort Worth, Texas 76105	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Hon. Kay Granger Contributor address; City; State; Zip Code Fort Worth, Texas 76107	Amount of contribution (\$) 2,000.00
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Anael R Luebanos		3 Filer ID (Ethics Commission Filers)
4 Date 12/28/2023	5 Full name of contributor out-of-state PAC (ID#: _____) J. R. Martinez <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, Texas 76107	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/28/2023	Full name of contributor out-of-state PAC (ID#: _____) Javier Hinojosa <hr/> Contributor address; City; State; Zip Code Fort Worth, Texas 76107	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME Anael R. Luebanos		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 4,735.86	
5 Date 12/23/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Hart & Hallman 7 Contributor address; City; State; Zip Code Fort Worth, Texas 76102	8 Amount of Contribution \$ 4,735.86	9 In-kind contribution description Event Expense
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

PLEGGED CONTRIBUTIONS

SCHEDULE B

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 B:	
2 FILER NAME Anael R Luebanos		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date 12/31/2023	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dick Abrams 7 Pledgor address; City; State; Zip Code Fort Worth, Texas 76133	8 Amount of Pledge \$ 1,000.00	9 In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date 12/31/2023	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salvador Espino Pledgor address; City; State; Zip Code Fort Worth, Texas	Amount of Pledge \$ 500.00	In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/31/2023	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gina Rubio Pledgor address; City; State; Zip Code Fort Worth, Texas	Amount of Pledge \$ 500.00	In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
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 Anael R Luebanos	3 Filer ID (Ethics Commission Filers)
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4 Date 12/16/2023	5 Payee name Print Place
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6 Amount (\$) 2,539.85	7 Payee address; www.printplace.com	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Christmas Cards
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/23/2023	Payee name Kelly Hart & Hallman
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Amount (\$) 4,735.86	Payee address; Fort Worth, Texas 76102	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Reimbursement for event expense
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/28/2023	Payee name Anedot
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Amount (\$) 81.75	Payee address; www.anedot.com	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Credit Card Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Anael R Luebanos	3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2023	5 Payee name Rachel DeLira	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code Fort Worth, Texas	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Pictures
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/31/2023	Payee name AHHS FFA	
Amount (\$) 500.00	Payee address; City; State; Zip Code Fort Worth, Texas	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sponsorship
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/31/2023	Payee name godaddy	
Amount (\$) 268.25	Payee address; City; State; Zip Code www.godaddy.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description website
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED