

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. Anael R. <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <p style="text-align: center;">Luebanos</p> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td colspan="2" style="text-align: center;">Date Received</td> </tr> <tr> <td colspan="2" style="text-align: center; color: red; font-size: 1.2em;">RECEIVED</td> </tr> <tr> <td colspan="2" style="text-align: center; color: red; font-size: 1.2em;">JAN 20 2022</td> </tr> <tr> <td colspan="2" style="text-align: center; color: red; font-size: 1.2em;">Board of Education</td> </tr> <tr> <td colspan="2" style="text-align: center; color: blue; font-size: 1.2em;">Email</td> </tr> <tr> <td colspan="2" style="text-align: center;">Date Hand-Delivered or Date Postmarked</td> </tr> <tr> <td colspan="2" style="text-align: center; color: blue; font-size: 1.2em;">1-20-2022</td> </tr> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> | | OFFICE USE ONLY | | Date Received | | RECEIVED | | JAN 20 2022 | | Board of Education | | Email | | Date Hand-Delivered or Date Postmarked | | 1-20-2022 | | Receipt # | Amount \$ | Date Processed | | Date Imaged | |
| OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Received | | | | | | | | | | | | | | | | | | | | | | | | | |
| RECEIVED | | | | | | | | | | | | | | | | | | | | | | | | | |
| JAN 20 2022 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Board of Education | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Hand-Delivered or Date Postmarked | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1-20-2022 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Receipt # | Amount \$ | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Processed | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Imaged | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> 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 PHONE NUMBER EXTENSION (682) 597-6261 | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mrs. Judy <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <p style="text-align: center;">Needham</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6341 Klamath Rd. Fort Worth, Texas 76116 | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (817) 223-0552 | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 REPORT TYPE | <table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> | | | <input 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 checked="" 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) | | | | | | | | | | | | | | |
| <input 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 checked="" 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 | <table style="width:100%;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">07 / 01 / 2021</td> <td></td> <td style="text-align: center;">12 / 31 / 2021</td> </tr> </table> | | | Month Day Year | THROUGH | Month Day Year | 07 / 01 / 2021 | | 12 / 31 / 2021 | | | | | | | | | | | | | | | | |
| Month Day Year | THROUGH | Month Day Year | | | | | | | | | | | | | | | | | | | | | | | |
| 07 / 01 / 2021 | | 12 / 31 / 2021 | | | | | | | | | | | | | | | | | | | | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year <hr style="border-top: 1px dotted black;"/> | 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) <p style="text-align: center;">FWISD Board Trustee</p> | 13 OFFICE SOUGHT (if known) | | | | | | | | | | | | | | | | | | | | | | | |
| GO TO PAGE 2 | | | | | | | | | | | | | | | | | | | | | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **Anael R. Luebanos** 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

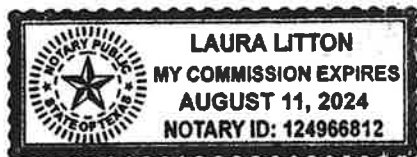
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

| | |
|--------------------------------------|----------------|
| COMMITTEE TYPE | COMMITTEE NAME |
| <input type="checkbox"/> GENERAL | |
| <input type="checkbox"/> SPECIFIC | |
| COMMITTEE ADDRESS | |
| COMMITTEE CAMPAIGN TREASURER NAME | |
| COMMITTEE CAMPAIGN TREASURER ADDRESS | |

Additional Pages

| | | |
|-------------------------|---|--------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 15,650.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2,892.25 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 61,088.79 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

18 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.

Anael Luebanos

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Anael Luebanos, this the 20th day of January, 2022, to certify which, witness my hand and seal of office.

Laura Litton
Signature of officer administering oath

Laura Litton
Printed name of officer administering oath

Secretary
Title of officer administering oath

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 checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 15,650 |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 2,124.20 |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 2,892.25 |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

12/06/2021

5 Full name of contributor

Karen Simon

out-of-state PAC (ID#: _____)

6 Contributor address;

4905 Wesbriar Dr

City; State; Zip Code

Fort Worth, TX 76109

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/09/2021

Full name of contributor

Alan Hegi

out-of-state PAC (ID#: _____)

Contributor address;

1928 Berkeley Place

City; State; Zip Code

Fort Worth, TX 76110

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/14/2021

Full name of contributor

Bradford Barnes

out-of-state PAC (ID#: _____)

Contributor address;

4450 Harley Ave

City; State; Zip Code

Fort Worth, Texas 76110

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/14/2021

Full name of contributor

Steven Poole

out-of-state PAC (ID#: _____)

Contributor address;

3611 W. 5th St.

City; State; Zip Code

Fort Worth, TX 76107

Amount of contribution (\$)

\$500.00

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

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

12/15/2021

5 Full name of contributor

Dick Abrams

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

6750 Locke Ave

City;

Fort Worth, Texas 76116

State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/15/2021

Full name of contributor

Joe Ralph Martinez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

3601 Hulen Street Suite 100 Fort Worth, TX 76107

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/2021

Full name of contributor

Jon & Rebecca Brumley

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000.00

Contributor address;

777 Main St. Ste 3400 Fort Worth, TX 76102

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/16/2021

Full name of contributor

Texas Progress Fund

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$750.00

Contributor address;

801 Cherry St.

City;

Fort Worth, TX 76102

State; Zip Code

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

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

12/15/2021

5 Full name of contributor out-of-state PAC (ID#: _____)

Good Government Fund

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

Fort Worth, TX 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/15/2021

Full name of contributor out-of-state PAC (ID#: _____)

PSEL Pac

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

201 Main St

Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/2021

Full name of contributor out-of-state PAC (ID#: _____)

Kelly Hart PAC

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

201 Main St.

Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/14/2021

Full name of contributor out-of-state PAC (ID#: _____)

Tobi Jackson

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

2108 Yosemite Ct.

Fort Worth, TX 76112

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

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

12/15/2021

5 Full name of contributor

Bill Jennings

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

6324 Pamlico Rd

City;

Fort Worth, Texas 76116

State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/15/2021

Full name of contributor

William Meadows

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

121 Rivercrest Dr.

City;

Fort Worth, TX 76107

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/2021

Full name of contributor

Edwin Hinojosa

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

3806 E. Rosedale St.

City;

Fort Worth, TX 76105

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/2021

Full name of contributor

Nellie Villalpando

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

3812 E. Rosedale St.

City;

Fort Worth, TX 76105

State; Zip Code

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

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

12/15/2021

5 Full name of contributor

Judy Needham

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

6341 Klamath Rd

City;

Fort Worth, Texas 76116

State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/16/2021

Full name of contributor

Dee Kelly Jr.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000.00

Contributor address;

201 Main St.

City;

Fort Worth, TX 76102

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/16/2021

Full name of contributor

Linebarger Goggan Blair & Sampson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$2,000.00

Contributor address;

P.O. Box 17428,

City;

Austin, TX 78760

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/16/2021

Full name of contributor

Samson Cantu & Clara Cantu

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

4413 Ledgeview Rd.

City;

Fort Worth, TX 76109

State; Zip Code

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

| | | |
|---|--|--|
| 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 12/16/2021 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gina Rubio 6 Contributor address; City; State; Zip Code 7408 Innisbrook Ln. Fort Worth, Texas 76179 | 7 Amount of contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/16/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cade Lovelace Contributor address; City; State; Zip Code 2316 5th, Ave Fort Worth, TX 76110 | Amount of contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/16/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaime Martinez Contributor address; City; State; Zip Code 6305 Greenway Rd. Fort Worth TX 76116 | Amount of contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/16/2021 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerardo Villegas Contributor address; City; State; Zip Code 4929 Lovell Ave. Fort Worth, TX 76107 | Amount of contribution (\$) \$100.00 |
| 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

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

12/30/2021

5 Full name of contributor

Patrick Monaghan

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

136 Crown Ridge Ct

City;

State;

Zip Code

Fort Worth, TX 76108

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/30/2021

Full name of contributor

Juan Perez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

9108 Cliffside Dr.

City;

State;

Zip Code

Cedar Hill, TX 75104

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/30/2021

Full name of contributor

Samuel Davila

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

5912 Barton Springs Dr

City;

State;

Zip Code

North Richland Hills TX 76180

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/2021

Full name of contributor

Rosario Villalpando

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000.00

Contributor address;

2284 County Rd.

City;

State;

Zip Code

Chico, TX 76341

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

| | | | |
|---|---|---|---|
| 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 | | \$ \$2,124.20 | |
| 5 Date 12-15-2021 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Hart | 8 Amount of Contribution \$ \$2,124.20 | 9 In-kind contribution description Event Expense |
| 7 Contributor address; City; State; Zip Code 201 Main St. Fort Worth, TX 76102 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 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 |
| | | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 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. | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|-------------------------------------|--|---------------------------------------|
| 1 Total pages Schedule F1: 2 | 2 FILER NAME Anael R. Luebanos | 3 Filer ID (Ethics Commission Filers) |
|-------------------------------------|--|---------------------------------------|

| | |
|-----------------------------|------------------------------------|
| 4 Date 08/09/2021 | 5 Payee name Taco Cabana |
|-----------------------------|------------------------------------|

| | |
|----------------------------------|---|
| 6 Amount (\$) \$516.16 | 7 Payee address; City; State; Zip Code www.tacocabana.com |
|----------------------------------|---|

| | | |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Breakfast for teachers at AHHS |
| | (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 |
|--|-------------------------------|---------------|-------------|

| | |
|---------------------------|---|
| Date 10/20/2021 | Payee name Arlington Heights Soccer |
|---------------------------|---|

| | |
|--------------------------------|--|
| Amount (\$) \$103.00 | Payee address; City; State; Zip Code Fort Worth, Texas 76164 |
|--------------------------------|--|

| | | |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contributions | Description |
| | <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 |
|--|-------------------------------|---------------|-------------|

| | |
|---------------------------|---|
| Date 10/14/2021 | Payee name Dr. Jared Williams Campain |
|---------------------------|---|

| | |
|--------------------------------|---|
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code Fort Worth, TX |
|--------------------------------|---|

| | | |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contribution | Description |
| | <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 |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 11/30/2021 | 5 Payee name Costco | |
| 6 Amount (\$) \$476.29 | 7 Payee address; City; State; Zip Code www.costco.com | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Expense | (b) Description |
| | (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 |
| Date 12/01/2021 | Payee name Paschal Band | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code www.paschalband.com | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contribution | Description Donation to Paschal Band |
| | <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 |
| Date 12/10//2021 | Payee name Print Place | |
| Amount (\$) \$1,155.35 | Payee address; City; State; Zip Code www.printplace.com | |
| 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 | |
| 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 12/10/2021 | 5 Payee name Rachel DeLira | |
| 6 Amount (\$) \$100.00 | 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 |
| | (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 |
| Date | Payee name Anedot | |
| Amount (\$) \$141.45 | Payee address; City; State; Zip Code www.anedot.com | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description |
| | <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 |
| Date 07-31-2021 | Payee name SouthHills Neighborhood Association | |
| Amount (\$) \$200.00 | Payee address; City; State; Zip Code Fort Worth, Texas | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Donation | Description |
| | <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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED