

# 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: <span style="font-size: 2em; color: blue;">14</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI <b>Mr.</b> <b>Anael</b> <b>R.</b> <small>NICKNAME                                      LAST                                      SUFFIX</small> <p style="text-align: center;"><b>Luebanos</b></p>	<b>OFFICE USE ONLY</b> Date Received <div style="color: red; font-size: 1.5em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="color: red; font-size: 1.2em; font-weight: bold; margin: 5px 0;">APR 23 2021</div> <div style="color: red; font-size: 1.2em; font-weight: bold; margin: 5px 0;">Board of Education</div> Date Hand-delivered or Date Postmarked <div style="border: 1px solid blue; border-radius: 50%; width: 100px; height: 20px; margin: 5px auto;"></div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <b>3321 Ryan Ave                      Fort Worth                      TX                      76110</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <b>(682 ) 597-6261</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI <b>Mrs.</b> <b>Judy</b> <small>NICKNAME                                      LAST                                      SUFFIX</small> <p style="text-align: center;"><b>Needham</b></p>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <b>6341 Klamath Rd. Fort Worth, Texas 76116</b>	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <b>( 817 ) 223-0552</b>	Date Imaged	
9 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)		
10 PERIOD COVERED	Month                      Day                      Year                      Month                      Day                      Year <b>03                      /                      23                      /                      2021                      THROUGH                      04                      /                      22                      /                      2021</b>		
11 ELECTION	ELECTION DATE Month                      Day                      Year <b>05                      /                      01                      /                      2021</b>	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)  <b>FWISD Board Trustee</b>	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)**

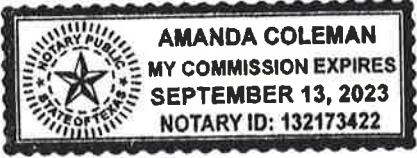
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

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

<b>17 CONTRIBUTION TOTALS</b>	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)	\$ <b>9,280.00</b>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <b>0</b>
	4. TOTAL POLITICAL EXPENDITURES	\$ <b>10,908.14</b>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>52,682.14</b>
<b>OUTSTANDING LOAN TOTALS</b>	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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Anael Luebanos*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Anael Luebanos, this the 23rd day of April, 2021, to certify which, witness my hand and seal of office.

*[Signature]*

Signature of officer administering oath

Amanda Coleman

Printed name of officer administering oath

Elections Officer

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	\$ <b>9,280.00</b>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ <b>10,908.14</b>
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

**03/24/2021**

5 Full name of contributor

**Regina Vega**

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City; State; Zip Code

**Fort Worth, TX 76133**

7 Amount of contribution (\$)

**\$25.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**03/24/2021**

Full name of contributor

**Regina Ruvalcaba**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

**Fort Worth, Texas 75115**

Amount of contribution (\$)

**\$10.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**03/26/2021**

Full name of contributor

**Maria Villavicencio**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

**Fort Worth, Texas 76105**

Amount of contribution (\$)

**\$50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**03/26/2021**

Full name of contributor

**Future Texas Campaign Fund**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

**Weslaco, TX 78596**

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

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

**03/26/2021**

5 Full name of contributor

**Victor Esparza**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$60.00**

6 Contributor address;

City;

State;

Zip Code

**Fort Worth, Texas 76115**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**04/04/2021**

Full name of contributor

**Issac & Elizabeth Manning**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$250.00**

Contributor address;

City;

State;

Zip Code

**Fort Worth, Texas 76110**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**04/05/2021**

Full name of contributor

**Ty Williams**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$350.00**

Contributor address;

City;

State;

Zip Code

**Fort Worth, Texas 76104**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**04/08/2021**

Full name of contributor

**Michael Cohen**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$10.00**

Contributor address;

City;

State;

Zip Code

**Fort Worth, Texas 76133**

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

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

**04/08/2021**

5 Full name of contributor

**Salvador Espino**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$250.00**

6 Contributor address;

City;

State;

Zip Code

**Fort Worth, Texas 76164**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**04/09/2021**

Full name of contributor

**Martha V. Leonard**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$500.00**

Contributor address;

City;

State;

Zip Code

**Fort Worth, Texas 76107**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**04/10/2021**

Full name of contributor

**Fatima Esparza**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$50.00**

Contributor address;

City;

State;

Zip Code

**Fort Worth, Texas 76115**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**04/11/2021**

Full name of contributor

**Jaime Martinez**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$100.00**

Contributor address;

City;

State;

Zip Code

**Fort Worth, Texas 76116**

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

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

**04/12/2021**

5 Full name of contributor

**Rosa Navejar**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$500.00**

6 Contributor address;

City; State; Zip Code

**Fort Worth, Texas 76107**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**04/12/2021**

Full name of contributor

**For the Children PAC**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$2,000.00**

Contributor address;

City; State; Zip Code

**Fort Worth, Texas 76102**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**04/13/2021**

Full name of contributor

**David Lopez**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$250.00**

Contributor address;

City; State; Zip Code

**Fort Worth, Texas 76134**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**04/13/2021**

Full name of contributor

**Doug & Jill Black**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$100.00**

Contributor address;

City; State; Zip Code

**Fort Worth, Texas 76110**

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  
**04/14/2021**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Maria Mason**  
6 Contributor address; City; State; Zip Code  
**Fort Worth TX 76116**

7 Amount of contribution (\$)  
**\$100.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jessica Sangsvang**  
Contributor address; City; State; Zip Code  
**Fort Worth TX 76179**

Amount of contribution (\$)  
**\$50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**04/17/2021**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Joseph Drago**  
Contributor address; City; State; Zip Code  
**Fort Worth TX 76140**

Amount of contribution (\$)  
**\$500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**04/18/2021**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Estela Martinez**  
Contributor address; City; State; Zip Code  
**Fort Worth, TX 76110**

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

**04/18/2021**

5 Full name of contributor

**Maria Rubalcaba**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$25.00**

6 Contributor address;

City;

State;

Zip Code

**Fort Worth, TX 76134**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**04/19/2021**

Full name of contributor

**Marisol Herrera**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$100.00**

Contributor address;

City;

State;

Zip Code

**Fort Worth, TX 76110**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**04/20/2021**

Full name of contributor

**Improve FWISD**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$250.00**

Contributor address;

City;

State;

Zip Code

**Fort Worth, TX 76109**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**04/20/2021**

Full name of contributor

**Monica Marchi**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$50.00**

Contributor address;

City;

State;

Zip Code

**Arlington TX 76001**

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

**04/22/2021**

5 Full name of contributor

**David Salgado**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$500.00**

6 Contributor address;

City; State; Zip Code

**Fort Worth, TX 76105**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**04/22/2021**

Full name of contributor

**Ricardo Carrillo**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$500.00**

Contributor address;

City; State; Zip Code

**Fort Worth, TX 76164**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**04/22/2021**

Full name of contributor

**Guelma Brown Hopkins**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$20.00**

Contributor address;

City; State; Zip Code

**Fort Worth, TX 76133**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**04/22/2021**

Full name of contributor

**Elizabeth Johnson**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$30.00**

Contributor address;

City; State; Zip Code

**Fort Worth, TX 76133**

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  
**4-22-2021**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**John Avila**

7 Amount of contribution (\$)  
**\$300.00**

6 Contributor address; City; State; Zip Code  
**Fort Worth, TX 76110**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**4-22-2021**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Laurie George**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**Fort Worth, TX 76110**

**\$250.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  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  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

### 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 F1;	<b>2</b> FILER NAME <b>Anael R. Luebanos</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/24/2021</b>	<b>5</b> Payee name <b>Print Place</b>	
<b>6</b> Amount (\$) <b>\$2,273.29</b>	<b>7</b> Payee address; City; State; Zip Code <b>www.printplace.com</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	<b>(b)</b> Description <b>Printing</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>04/16/2021</b>	Payee name <b>Murphy Nasica</b>	
Amount (\$) <b>\$5,261.09</b>	Payee address; City; State; Zip Code <b>www.murphynasica.com</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>04/21/2021</b>	Payee name <b>Print Place</b>	
Amount (\$) <b>\$2,716.45</b>	Payee address; City; State; Zip Code <b>www.printplace.com</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Printing</b>
	<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.

<b>1</b> Total pages Schedule F1;	<b>2</b> FILER NAME <b>Anael R. Luebanos</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/22/2021</b>	<b>5</b> Payee name <b>WHS Cougar Pride Foundation</b>	
<b>6</b> Amount (\$) <b>\$150.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>Fort Worth, Texas</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Donation</b>	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>04/22/2021</b>	Payee name <b>Anedot</b>	
Amount (\$) <b>\$124.86</b>	Payee address; City; State; Zip Code <b>www.anedot.com</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	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 <b>4-22-2021</b>	Payee name <b>Patrick Zamarripa Scholarship Fund</b>	
Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>Fort Worth, Texas</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Donation</b>	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.

<b>1</b> Total pages Schedule F1;	<b>2</b> FILER NAME <b>Anael R Luebanos</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4-22-2021</b>	<b>5</b> Payee name <b>Facebook</b>	
<b>6</b> Amount (\$) <b>\$282.45</b>	<b>7</b> Payee address; City; State; Zip Code <b>www.facebook.com</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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**