

# 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:
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <b>Mr.</b> <b>Anael</b> <b>R.</b> <hr style="border-top: 1px dotted black;"/> NICKNAME                      LAST                      SUFFIX <p style="text-align: center;"><b>Luebanos</b></p>	<b>OFFICE USE ONLY</b> Date Received <p style="text-align: center; color: red; font-size: 1.2em;"><b>RECEIVED</b></p> <p style="text-align: center; color: red; font-size: 1.2em;"><b>APR 01 2021</b></p> <p style="text-align: center; color: red; font-size: 1.2em;"><b>Board of Education</b></p> <hr/> Date <del>Hand-delivered</del> or Date Postmarked 4-1-21 Receipt #                      Amount \$ <hr/> Date Processed 4-1-21 Date Imaged 4-1-21	
<b>4</b> 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>		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>(682 ) 597-6261</b>		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <b>Mrs.</b> <b>Judy</b> <hr style="border-top: 1px dotted black;"/> NICKNAME                      LAST                      SUFFIX <p style="text-align: center;"><b>Needham</b></p>		
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>6341 Klamath Rd. Fort Worth, Texas 76116</b>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <b>( 817 ) 223-0552</b>		
<b>9</b> 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)		
<b>10</b> PERIOD COVERED	Month      Day      Year                      Month      Day      Year <b>01      /      16      /      2021                      THROUGH                      03      /      22      /      2021</b>		
<b>11</b> 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	
<b>12</b> OFFICE	OFFICE HELD (if any)  <b>FWISD Board Trustee</b>	<b>13</b> 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

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)	\$ 8,600.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,939.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 54,310.28
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 1st day of April, 2021, to certify which, witness my hand and seal of office.

Faye Daniels Signature of officer administering oath  
Faye Daniels Printed name of officer administering oath  
Executive 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	\$ <b>8,600.00</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>11,939.67</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

**01/28/2021**

5 Full name of contributor

**New American PAC**

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

6 Contributor address;

City; State; Zip Code

**Dallas, TX 75208**

7 Amount of contribution (\$)

**\$1000.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**01/28/2021**

Full name of contributor

**Juan Perez**

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

Contributor address;

City; State; Zip Code

**Cedar Hill, Texas 75104**

Amount of contribution (\$)

**\$250.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**02/01/2021**

Full name of contributor

**Hon. Pete Geren**

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

Contributor address;

City; State; Zip Code

**Fort Worth, Texas 76107**

Amount of contribution (\$)

**\$250.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**02/02/2021**

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

**03/04/2021**

5 Full name of contributor

**PSEL Pac**

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

7 Amount of contribution (\$)

**\$500.00**

6 Contributor address;

City;

State;

Zip Code

**Fort Worth, Texas 76102**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**03/04/2021**

Full name of contributor

**Good Government Fund**

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

Amount of contribution (\$)

**\$500.00**

Contributor address;

City;

State;

Zip Code

**Fort Worth, Texas 76102**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**01/24/2021**

Full name of contributor

**Julia Hedden**

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

Amount of contribution (\$)

**\$200.00**

Contributor address;

City;

State;

Zip Code

**Fort Worth, Texas 76109**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**02/02/2021**

Full name of contributor

**Samson Cantu**

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

Amount of contribution (\$)

**\$500.00**

Contributor address;

City;

State;

Zip Code

**Fort Worth, Texas 76109**

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

**02/13/2021**

5 Full name of contributor

**Armando Villarreal**

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

7 Amount of contribution (\$)

**\$25.00**

6 Contributor address;

City;

State;

Zip Code

**Fort Worth, Texas 76140**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**02/13/2021**

Full name of contributor

**Vanessa Villagomez**

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

Amount of contribution (\$)

**\$100.00**

Contributor address;

City;

State;

Zip Code

**Fort Worth, Texas 76115**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**03/01/2021**

Full name of contributor

**Daniel Villegas**

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

**03/05/2021**

Full name of contributor

**Christy Coffey**

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

Amount of contribution (\$)

**\$1,000.00**

Contributor address;

City;

State;

Zip Code

**Fort Worth, Texas 76109**

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

**03/06/2021**

5 Full name of contributor

**Thomas Scott Wood**

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

7 Amount of contribution (\$)

**\$25.00**

6 Contributor address;

City;

State;

Zip Code

**Fort Worth, Texas 76133**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**03/08/2021**

Full name of contributor

**Steven Poole**

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

Amount of contribution (\$)

**\$1,500.00**

Contributor address;

City;

State;

Zip Code

**Fort Worth, Texas 76107**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**03/08/2021**

Full name of contributor

**Dulce Barrera**

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

Amount of contribution (\$)

**\$250.00**

Contributor address;

City;

State;

Zip Code

**Fort Worth, Texas 76133**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**03/10/2021**

Full name of contributor

**Kristin Sullivan**

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

Amount of contribution (\$)

**\$50.00**

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  
**02/05/2021**

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

**Amy Scott**

7 Amount of contribution (\$)

**\$100.00**

6 Contributor address; City; State; Zip Code

**Mansfield TX 76063**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

**01/26/2021**

**Elizabeth Beck**

**\$100.00**

Contributor address; City; State; Zip Code

**Fort Worth TX 76110**

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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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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>03/08/2021</b>	<b>5</b> Payee name <b>Mulholland Companies</b>		
<b>6</b> Amount (\$) <b>\$3,702.15</b>	<b>7</b> Payee address; City; State; Zip Code <b>Fort Worth, TX</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>Signs</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>03/16/2021</b>	Payee name <b>Murphy Nasica</b>		
Amount (\$) <b>\$7,511.09</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>03/19/2021</b>	Payee name <b>Print Place</b>		
Amount (\$) <b>\$477.94</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			

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<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>03/16/2021</b>	<b>5</b> Payee name <b>Go Daddy</b>	
<b>6</b> Amount (\$) <b>\$84.98</b>	<b>7</b> Payee address; City; State; Zip Code <b>www.godaddy.com</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Fees</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>03/12/2021</b>	Payee name <b>Anedot</b>	
Amount (\$) <b>\$163.51</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	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

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