

# 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	<div style="display: flex; justify-content: space-between; font-size: small;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Mr.</span> <span>Anael</span> <span>R.</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <p style="text-align: center; font-size: large; margin-top: 10px;">Luebanos</p>		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="font-size: large; color: red; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: large; color: red; margin-bottom: 10px;">JAN 15 2021</div> <div style="font-size: large; color: red; margin-bottom: 10px;">Board of Education</div> <div style="font-size: x-small; margin-top: 10px;">Date Received</div> <div style="border: 1px solid black; padding: 2px; margin-top: 10px; display: inline-block;">Postmarked</div> <div style="font-size: x-small; margin-top: 10px;">Date Hand-delivered or Date</div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 10px;"> <span>Receipt #</span> <span>Amount \$</span> </div> <div style="font-size: x-small; margin-top: 10px;">Date Processed</div> <div style="font-size: x-small; margin-top: 10px;">Date Imaged</div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>ADDRESS / PO BOX;</span> <span>APT / SUITE #;</span> <span>CITY;</span> <span>STATE;</span> <span>ZIP CODE</span> </div> <p style="font-size: large; margin-top: 10px;">3321 Ryan Ave, Ft. Worth, TX 76110</p>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <p style="font-size: large; margin-top: 10px;">(682) 597-6261</p>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between; font-size: small;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Mrs.</span> <span>Judy</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <p style="text-align: center; font-size: large; margin-top: 10px;">Needham</p>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>STREET ADDRESS (NO PO BOX PLEASE);</span> <span>APT / SUITE #;</span> <span>CITY;</span> <span>STATE;</span> <span>ZIP CODE</span> </div> <p style="font-size: large; margin-top: 10px;">6341 Klamath Rd, Fort Worth, TX 76116</p>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <p style="font-size: large; margin-top: 10px;">(817) 223-0552</p>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between; font-size: x-small;"> <div> Month    Day    Year  07 / 16 / 2020 </div> <div>THROUGH</div> <div> Month    Day    Year  01 / 15 / 2021 </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> ELECTION DATE  Month    Day    Year  05 / 01 / 2021 </div> <div style="width: 60%;"> ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
FWISD Board Trustee			
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

☐ GENERAL

☐ 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)

\$

28,975.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

4,423.05

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

57,649.95

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 15<sup>th</sup> day of January, 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

Anael R. Luebanos

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 28,975
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 3000. <sup>66</sup>
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,423.05
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: 16

2 FILER NAME

Angel R. Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

12/17/2020

5 Full name of contributor

☐ out-of-state PAC (ID#)

Lillie Mae Biggins

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City;

State;

Zip Code

804 Scarlet Sage CT, Ft. Worth, TX 76112

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/17/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Lucy Darden

Amount of contribution (\$)

\$ 500.00

Contributor address;

City;

State;

Zip Code

2107 Spanish Trl, Ft. Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/18/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Mike Moncrief

Amount of contribution (\$)

\$ 200.00

Contributor address;

City;

State;

Zip Code

777 Taylor St Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/16/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Mike & Marilyn Berry

Amount of contribution (\$)

\$ 250.00

Contributor address;

City;

State;

Zip Code

6217 Genoa Rd, Ft. Worth, TX 76116

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

12/17/2020

5 Full name of contributor

☐ out-of-state PAC (ID#)

Vernell Sturns

6 Contributor address;

City;

State;

Zip Code

612 Highwoods Trl, Ft. Worth, TX 76112

7 Amount of contribution (\$)

\$ 50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/09/2020

Full name of contributor

☐ out-of-state PAC (ID#)

William Meadows

Contributor address;

City;

State;

Zip Code

121 Rivercrest Dr, Ft. Worth, TX 76107

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/09/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Francisco Hernandez

Contributor address;

City;

State;

Zip Code

800 W. Weatherford St, Ft. Worth, TX 76102

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Nellie Villalpando

Contributor address;

City;

State;

Zip Code

3812 E. Rosedale St, Ft. Worth, TX 76105

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

12/12/2020

5 Full name of contributor

☐ out-of-state PAC (ID#)

Edwin Hinojosa

7 Amount of contribution (\$)

\$500.<sup>00</sup>

6 Contributor address;

City;

State;

Zip Code

3806 E. Rosedale St. Ft. Worth, TX 76105

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/09/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Sergio de Leon

Amount of contribution (\$)

\$500.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

P.O. Box 470743, Ft. Worth, TX 76147

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/16/2020

Full name of contributor

☐ out-of-state PAC (ID#)

John Avila

Amount of contribution (\$)

\$1,000.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

1936 Warner Rd, Ft. Worth, TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/09/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Tobi Jackson

Amount of contribution (\$)

\$250.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

2108 Yosemite Ct, Ft. Worth, TX 76112

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

12/09/2020

5 Full name of contributor

☐ out-of-state PAC (ID#)

Rocio Martinez

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City;

State;

Zip Code

3525 Stuart Dr, Ft. Worth, TX 76110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/09/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Dee J. Kelly Jr.

Amount of contribution (\$)

\$1,000.00

Contributor address;

City;

State;

Zip Code

417 Rivercrest Dr, Ft. Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/08/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Good Government Fund

Amount of contribution (\$)

\$2,500.00

Contributor address;

City;

State;

Zip Code

201 Main St, Ft. Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/08/2020

Full name of contributor

☐ out-of-state PAC (ID#)

PSEL PAC

Amount of contribution (\$)

\$2,500.00

Contributor address;

City;

State;

Zip Code

201 Main St, Ft. Worth, TX 76102

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

12/11/2020

5 Full name of contributor

☐ out-of-state PAC (ID#)

John H. Williams

6 Contributor address;

City;

State;

Zip Code

4737 Lafayette Ave, Ft. Worth, TX 76107

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/12/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Paul Andrews, Jr.

Contributor address;

City;

State;

Zip Code

700 Jenkins Rd, Aledo, TX 76008

Amount of contribution (\$)

\$2000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/09/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Cantey Hanger LLP

Contributor address;

City;

State;

Zip Code

600 W. 6th St, Fort Worth, TX 76102

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/2020

Full name of contributor

☐ out-of-state PAC (ID#)

David Hull

Contributor address;

City;

State;

Zip Code

3958 Sarita Park, Ft. Worth, TX 76109

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

Andel R. Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

12/11/2020

5 Full name of contributor

☐ out-of-state PAC (ID#)

Wayne P. Owen

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City;

State;

Zip Code

521 Inwood St, Ft. Worth, TX 76126

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/11/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Jan. E. Fersing

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

3800 Trailwood Ln, Ft. Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/21/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Linebarger, Goggan, Blair & Sampson

Amount of contribution (\$)

\$2000.00

Contributor address;

City;

State;

Zip Code

PO Box 17428, Austin, TX 78760

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/14/2020

Full name of contributor

☐ out-of-state PAC (ID#)

John B. Kleinheinz

Amount of contribution (\$)

\$1000.00

Contributor address;

City;

State;

Zip Code

301 Commerce St, Ft. Worth, TX 76102

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

12/14/2020

5 Full name of contributor

☐ out-of-state PAC (ID#)

Patricia J. O'Neal

6 Contributor address;

City;

State;

Zip Code

675 N. Henderson St, Ft. Worth, TX 76107

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/12/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Thomas J. Harris

Contributor address;

City;

State;

Zip Code

8040 Valley Dr, North Richland Hills, TX 76182

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Ralph E. Barbara Cox

Contributor address;

City;

State;

Zip Code

501 Samuels Ave, Ft. Worth, TX 76102

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Calvin Jackson

Contributor address;

City;

State;

Zip Code

5808 El Campo Ave, Ft. Worth, TX 76107

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

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1 Total pages Schedule A1:

2 FILER NAME

Anael R. Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

12/10/2020

5 Full name of contributor

☐ out-of-state PAC (ID#)

Anne Darr

6 Contributor address;

City;

State;

Zip Code

2542 Stadium Dr, Ft. Worth, TX 76109

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/01/21

Full name of contributor

☐ out-of-state PAC (ID#)

John M. Pritchett

Contributor address;

City;

State;

Zip Code

6836 Brants Ln, Ft. Worth, TX 76116

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/04/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Robert Benda

Contributor address;

City;

State;

Zip Code

608 Paint Pony Trl. N, Ft. Worth, TX 76108

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/07/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Richard Abrams

Contributor address;

City;

State;

Zip Code

6145 Wedgewood Dr, Ft. Worth, TX 76133

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

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

12/07/2020

5 Full name of contributor

☐ out-of-state PAC (ID#)

Steven Poole

6 Contributor address;

City;

State;

Zip Code

3612 5th St, Ft. Worth, TX 76107

7 Amount of contribution (\$)

\$ 500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/07/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Jeff Whitfield

Contributor address;

City;

State;

Zip Code

1319 Black Walnut Ln, Arlington, TX 76005

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/07/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Samuel Davila

Contributor address;

City;

State;

Zip Code

5912 Barton Springs

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/07/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Bradford Barnes

Contributor address;

City;

State;

Zip Code

4450 Harley Ave, Ft. 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

12/07/2020

5 Full name of contributor

☐ out-of-state PAC (ID#)

Mike Coffey

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State;

Zip Code

2566 Shirley Ave, Ft. Worth, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/07/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Libby E Isaac Manning

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

2217 Winsor Place, Ft. Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/09/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Joseph Martinez

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

2844 May St, Fort Worth, TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/09/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Jody Sanders

Amount of contribution (\$)

\$150.00

Contributor address;

City;

State;

Zip Code

2533 Lubbock Ave, Ft. Worth, TX 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

12/09/2020

5 Full name of contributor

☐ out-of-state PAC (ID#)

Enrique Rincon

6 Contributor address;

City;

State;

Zip Code

1425 North Commerce St, Ft. Worth, TX 76104

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/09/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Graham Brizendine

Contributor address;

City;

State;

Zip Code

2101 West Morphy St, Ft Worth TX 76110

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10/2020

Full name of contributor

☐ out-of-state PAC (ID#)

James Oliver

Contributor address;

City;

State;

Zip Code

120 Saint Louis Ave, Ft. Worth, TX 76104

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/10/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Carol E. Steve Patterson

Contributor address;

City;

State;

Zip Code

4201 Ranch View Rd, Ft. Worth, TX 76109

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

12/29/2020

5 Full name of contributor

☐ out-of-state PAC (ID#)

Barry Brock

6 Contributor address;

City;

State;

Zip Code

213 Lavista St, Waxahachie, TX 75165

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/29/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Gary Aanenson

Contributor address;

City;

State;

Zip Code

5601 Belmont Ave, Dallas, TX 75206

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/29/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Ann Sutherland

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

\$75.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/29/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Aracely Chavez

Contributor address;

City;

State;

Zip Code

6920 Wicks Trail, Ft. Worth, TX 76133

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

12/29/2020

5 Full name of contributor

☐ out-of-state PAC (ID#)

Pat. Monaghan

6 Contributor address;

City;

State;

Zip Code

136 Crown Ridge CT, Ft. Worth, TX 76108

7 Amount of contribution (\$)

\$ 250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/29/20

Full name of contributor

☐ out-of-state PAC (ID#)

Douglas. Poneck

Contributor address;

City;

State;

Zip Code

127 West Woodland Ave, San Antonio, TX 78212

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/30/2020

Full name of contributor

☐ out-of-state PAC (ID#)

Rufino Mendoza

Contributor address;

City;

State;

Zip Code

5505 Rutland Ave, Ft. Worth, TX 76133

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/30/20

Full name of contributor

☐ out-of-state PAC (ID#)

Angeles Gonzalez-Rosas

Contributor address;

City;

State;

Zip Code

5533 Secco Dr, Ft. Worth, TX 76179

Amount of contribution (\$)

\$ 200.00

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

12/30/2020

5 Full name of contributor

☐ out-of-state PAC (ID#)

Oscar Herrera

6 Contributor address;

City;

State;

Zip Code

3713 Gordon Ave, Ft. Worth, TX 76110

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/31/20

Full name of contributor

☐ out-of-state PAC (ID#)

Nelcy Cardenas

Contributor address;

City;

State;

Zip Code

916 Lomo St, Fort Worth, TX 76110

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/20

Full name of contributor

☐ out-of-state PAC (ID#)

Vidal Quevedo

Contributor address;

City;

State;

Zip Code

Fort Worth, TX

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/20

Full name of contributor

☐ out-of-state PAC (ID#)

Tom Purvis

Contributor address;

City;

State;

Zip Code

Fort Worth, TX

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

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

12/31/20

5 Full name of contributor

☐ out-of-state PAC (ID#)

Jo Linda & Jesse Martinez

6 Contributor address;

City;

State;

Zip Code

Fort Worth, TX

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/31/20

Full name of contributor

☐ out-of-state PAC (ID#)

Gina Rubio

Contributor address;

City;

State;

Zip Code

Fort Worth, TX

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/11/21

Full name of contributor

☐ out-of-state PAC (ID#)

Judy Needham

Contributor address;

City;

State;

Zip Code

Fort Worth, TX

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/11/21

Full name of contributor

☐ out-of-state PAC (ID#)

Richard Davidovich

Contributor address;

City;

State;

Zip Code

Fort Worth, TX

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

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

12/09/20

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Carlos Turcios

6 Contributor address;

City;

State;

Zip Code

Fort Worth, TX

7 Amount of contribution (\$)

\$150.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/09/20

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Juan Turcios

Contributor address;

City;

State;

Zip Code

Fort Worth, TX

Amount of contribution (\$)

\$100.<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

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#: \_\_\_\_\_)

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.

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

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

01/01/21

6 Full name of pledgor

☐ out-of-state PAC (ID#)

Salvador Espino

7 Pledgor address;

City;

State;

Zip Code

Fort Worth, TX

8 Amount of Pledge \$

1,500.00

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

01/01/21

Full name of pledgor

☐ out-of-state PAC (ID#)

Domingo Garcia

Pledgor address;

City;

State;

Zip Code

Dallas, TX

Amount of Pledge \$

1,000.00

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/01/21

Full name of pledgor

☐ out-of-state PAC (ID#)

Nicole VanToorn

Pledgor address;

City;

State;

Zip Code

Fort Worth, TX

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

☐ 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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>Anael R. Luebanos</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/15/2020</b>	5 Payee name <b>Print Place</b>	
6 Amount (\$) <b>1053.34</b>	7 Payee address; City; State; Zip Code <b>www.printplace.com</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing expense</b>	(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		
Date <b>12/15/2020</b>	Payee name <b>Print Place</b>	
Amount (\$) <b>2113.99</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
	<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		
Date <b>12/09/2020</b>	Payee name <b>FedEx</b>	
Amount (\$) <b>35.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>www.fedex.com</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing 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		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Anael R. Luebanos		3 Filer ID (Ethics Commission Filers)	
4 Date 9/28/2020		5 Payee name Los Pastores			
6 Amount (\$) 350.00		7 Payee address: City; State; Zip Code Fort Worth, TX			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) Event 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 9/3/2020		Payee name Rosemont PTO			
Amount (\$) \$250.00		Payee address: City; State; Zip Code Fort Worth, TX			
<b>PURPOSE OF EXPENDITURE</b>		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			
Date 10/06/2020		Payee name Luis Perez			
Amount (\$) \$200.00		Payee address: City; State; Zip Code Fort Worth, TX			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Event 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Anael R. Luebanos		3 Filer ID (Ethics Commission Filers)	
4 Date 12/5/2020		5 Payee name Rachel Delira			
6 Amount (\$) \$103.20		7 Payee address; City; State; Zip Code Fort Worth, TX			
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/14/21		Payee name Anedot			
Amount (\$) \$317.52		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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED