CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE LICE ONLY	
OFFICEHOLDER NAME	Mr. Anael	R .	OFFICE USE ONLY Date Received	
	Luebanas		RECEIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	3321 Ryan Ave, Ft. Wor	Ho. TX 76110	JAN 15 2021	
Change of Address		(11) 17 74110	Board of Education	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (682)597-626)	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$	
TREASURER NAME	MYS JUCY	68666	Date Processed	
		SUFFIX	1-15-2021 Date Imaged	
	Needham		1-15-2021	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL		STATE; ZIP CODE	
(Residence or Business)	6341 Klamath Rd, F	ort Worth, IX 7	6116	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 223-0552	EXTENSION		
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after campaign treasurer appointment	
	July 15 8th day before elec	Exceeded Modified Reporting Limit	(Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	Month	Day Year	
COVERED	07/16/2020	THROUGH O1	15 /2021	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary 05/01/2021 General	Runoff Other Description Special	***	
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			
7		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 28,975.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$			
	4. TOTAL POLITICAL EXPENDITURES \$ 4,423,05 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 57,649.95			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 57, 649.95	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
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. MY COMMISSION EXPIRES DECEMBER 21, 2024 NOTARY ID: 125076148 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subsc	ribed before me, l	by the said Anael Luebanos	, this the	
day of January, 20 21, to certify which, witness my hand and seal of office.				
Faye Daniels Executive Secretary				
Signature of officer administering oath Printed hame of officer administering oath Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filer	rs)
Araej R. Luebanos		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTO AMOU	
1, SCHEDULEA1: MONETARY POLITICAL CO	NTRIBUTIONS $$28,$	975
2, SCHEDULE A2: NON-MONETARY (IN-KIND)	POLITICAL CONTRIBUTIONS \$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 300	N. 00
4. SCHEDULE E: LOANS	\$	
5. SCHEDULE F1: POLITICAL EXPENDITURE	es made from political contributions $$4,46$	23.05
6. SCHEDULE F2: UNPAID INCURRED OBLIGA	ATIONS \$	
7. SCHEDULE F3: PURCHASE OF INVESTM	ENTS MADE FROM POLITICAL CONTRIBUTIONS \$	
8. SCHEDULE F4: EXPENDITURES MADE B	Y CREDIT CARD \$	
9. SCHEDULE G: POLITICAL EXPENDITURE	S MADE FROM PERSONAL FUNDS *	
10. SCHEDULE H: PAYMENT MADE FROM PO	LITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. SCHEDULE I: NON-POLITICAL EXPENDITUR	RES MADE FROM POLITICAL CONTRIBUTIONS \$	
12. SCHEDULE K: INTEREST, CREDITS, GAIN TO FILER	IS, REFUNDS, AND CONTRIBUTIONS RETURNED \$	

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Angel R. Luebanos	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID#)	7 Amount of contribution (\$)
12/17/2020	Lillie Mae Biggins 6 Contributor address; City; State; Zip Code	\$ 100.00
	804 Scarlet Sage CT, Ft. Worth, TX 76112	
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	cions)
Date	Full name of contributor	Amount of contribution (\$)
12/17/2020	Lucy Darden Contributor address; City; State; Zip Code	\$ 500.00
	2107 Spanish Trl, Ft. Worth, TX 76107	,
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
12/18/2020	MIKE MONCYIEF Contributor address; City; State; Zip Code	\$ 200.00
	777 Taylor St Fort Worth, TX 76102	
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
12/16/2020	Mike & Marilyn Berry Contributor address; City; State; Zip Code	\$ 250. 00
	6217 Genoalld, Ft. Worth, TX 76116	***
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Anael R. Luebanos 4 Date Vernell Sturns City: State: Zip Code 6/2 Highwoods Tr1, Ft. Worth, TX 76/12 out-of-state PAC (ID# 7 Amount of contribution (\$) \$ 50.00 8 Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID# Amount of contribution (\$) \$ 500.00 121 Rivercrest Dr. Ft. Worth, TX 76107 | Employer (See Instructions) Principal occupation / Job title (See Instruction Date out-of-state PAC (IDM: Amount of contribution (\$) 12/09/2020 Francisco Hernandez Contributor addresse; City; State; Zip Code \$500. CO 800 W. Weatherford St, Ft. Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:__ Amount of contribution (\$) 12/12/2020 Nellie Villalpando City; State; Zip Code \$500.60 3812 E. Rosedale St, Ft. Worth, TX 76105 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,

MONE.	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Anael R. Luebanos		3 Filer ID (Ethics Commission Filers)
4 Date	6 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
12/12/2020	Edwin Hinojosa c contributor address; City; 3806 E. Rosedale St. It.	State; Zip Code	\$500.00
	1-30000	Worth, TX 7616	5
8 Principal occu	pation / Job title (See Instructions)	3 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
12/09/2020	Sergio de Leon Contributor address: City; PO, Box 470743, Ft. Worth atton / Job title (See Instructions)	State; Zip Code	\$500.00
	P.O. Box 470743, Ft. Worth	F410F XT,	y 0 00.
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
12/16/2020	John Avila Contributor address; City;	State; Zip Code	\$1,000.00
	1936 Warner Rd, Ft. Worth,	TX 76110	9
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	TObi Jackson City;		\$250.4
	2108 Yosemite Ct, Ft Wort	h, TX 76112	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	lions)
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 AT				
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	5 Full name of contributor out-of-state PAC	A2231012 -0012-110	7 Amount of contribution (\$)	
12/09/2630	Rocio Martinez 6 Contributor address; City;	State; Zip Code	\$250.00	
	3200 Stuart Dr. ++. Wor	th, TX 76110		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor		Amount of contribution (\$)	
12/09/2020	Dee J. Kelly Jr. Contributor address; City; 417 Rivercrest Dr. Ft. 1184	State; Zip Code	\$ 1000.00	
	1 51C(C) 1 1 1 - 000	111/1/17		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date		(ID#:)	Amount of contribution (\$)	
12/68/2030	Good Government Fund		\$ 2,500.00	
	201 Main St, Ft. Worth, TX	76102		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
12/08/2020		State; Zip Code	\$2,500: <u>a</u>	
	201 Main St. Ft. Worth,	TX 76102	. , , _	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	lions)	
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 3 Filer ID (Ethics Commission Filers) Anael R. Luebanos 7 Amount of contribution (\$) John H. Williams Contributor address; City: State; Zip Code \$100. 4737 Lafayette Ave, Ft. Worth, TX 76107 out-of-state PAC (ID#_ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Paul Andrews, Jr. Coty: State: Zip Code & City: Date Amount of contribution (\$) 12/09/2020 Cantey Hanger LLP Contributor address; City; State; Zip Code \$1000.00 600 W. Gth St, Fort Worth, TX 76102 Principal occupation / Job title (See Instructions Date Out-of-state PAC (ID# Amount of contribution (\$) David Hull Contributor address; City; State; Zip Code 3958 Sarita Park, 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 P. Luebanos	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (IDII)	7 Amount of contribution (\$)			
12/11/2020	Gontributor address; City; State; Zip Code	\$250. <u>w</u>			
	521 Inwood St, Ft. Worth, TX 7612	6			
8 Principal occu	pation / Job title (See Instructions) \$ Employer (See In	structions)			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
12/11/2020	Jan E Fersing City: State: Zip Code	\$100.00			
	3800 Trailwood Ln, Ft. Worth, TX 7610	59			
Principal occup	eation / Job title (See Instructions) Employer (See Ins				
Date	Full name of contributor	Amount of contribution (\$)			
12/21/2020	Linebarger Goggan Blair & Sampson Contributor address; Goggan Blair & Sampson	\$2000.00			
PCBOX 17428, Austin, TX 78760					
- Thiolpar occup	action / Job title (See Instructions) Employer (See Ins	structions)			
Date	Full name of contributor	Amount of contribution (\$)			
12/14/2020	John 13, Kleinheinz City; State; Zip Code	\$1000.00			
Principal occup	301 Commerce St, Ft. Worth, TX 7610 ation / Job title (See Instructions) Employer (See Ins	2			
- T. W. O. D. G.	ation / Job title (See Instructions) Employer (See Ins	structions)			
	ATTACH ADDITION ACCOUNTS				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Angel R. Luebanos 4 Date Out-of-state PAC (ID#:____ 7 Amount of contribution (\$) 12/14/2020 Patricia J. O'Neal Contributor address; City; State; Zip Code \$ 500,00 675 N. Henderson St, Ft Worth, TX 79107 action / Job title (See Instructions) Semployer (See Instructions) 8 Principal occupation / Job title (See Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Contributor address; City; State; Zip Code 12/12/2020 \$250,00 8040 Valley Dr. North Richland Hills, TX 76182 Employer (See Instructions) Date Out-of-state PAC (ID#:_____ Amount of contribution (\$) 12/10/2020 Ralph & Barbara Cox City; State; Zip Code \$250, 00 501 Samuels Ave, Ft. Worth, TX 76102 Principal occupation / Job title (See Instruction Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) 12/10/2020 COLVIN JACKSON City; State; Zip Code 5808 El Campo Ave, Ft. Worth, TX 76107 Principal occupation / Job title (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 3 Filer ID (Ethles Commission Filers) Anati Rc Luebanos 5 Full name of contributor Out-of-state PAC (ID#: 7 Amount of contribution (\$) 12/10/2000 Anne. Darr. 6 Contributor address; City; State; Zip Code \$200.2 3542 Stadium Dr, Ft. Worth, TX 76109 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date CI/9/21 John M. Pri+che++ Contributor address: City: State: Zip Code \$100.00 6836 Bran+5 Ln, Ft. Worth, TX 7616 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor ___ out-of-state PAC (ID#:____ Amount of contribution (\$) 12/04/2020 Robert Benda Contributor address; City; State; Zip Code \$100 W 608 Paint Pony Trl. N, Ft. Worth, TX 76108 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: FILER NAME 3 Filer ID (Ethics Commission Filers) Anael R. Luebanos 7 Amount of contribution (\$) 12/07/2020 Steven Poole City; State; Zip Code 3612 5th St, Ft. Worth, TX 76107 Date out-of-state PAC (ID#:____ 12/07/2000 Jeff Whitfield Contributor address; City: State: Zip Code \$ 500.00 1319 Black Walnut Ln, Arlington, TX 76005 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) Samuel Davila City; State; Zip Code 12/07/2020 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Bradford Barnes Contributor address: City: State: Zip Code 4450 Harley Ave, Ft. Worth, TX 76107 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 12/07/2000 & Contributor address; City; State; Zip Code \$500. 2566 Shirley Ave, Ft Worth, TX 76109 Date out-of-state PAC (IDN Amount of contribution (\$) 12/07/2000 Contributor address; City: State: Zip Code \$ 500, CL 2217 Winsor Place, Ft. Worth, TX 76109 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) 12/69/2020 Joseph Martinez City: State; Zip Code \$ 100. au 2844 May St, Fort Worth, TX 76110 Principal occupation / Job title (See Instructions Date Full name of contributor Amount of contribution (\$) 12/04/2020 Jacky Sanders City: State; Zip Code \$150. C 2533 Lubbock Ave, Ft. Worth, TX 76109 Principal occupation / Job title (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 3 Filer ID (Ethics Commission Filers) Anael R. Luebanos Enrique Kin(on City; State; Zip Code \$100. C 1425 North Commerce St. Ft. Worth, TX 76164 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Out-of-state PAC (ID#.____ Amount of contribution (\$) 2101 West Morphy St, Ft Worth TX 76110 | Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$) 12/10/2020 Contributor address; City; State: Zip Code \$100. 4 Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) 12/10/2020 Carol & Steve Patterson State; Zip Code \$100.4 4201 Ranch VIEW Rd, Ft. Worth, TX 76109 pation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (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. Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2020

MONE	TARY 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 (Ethios Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
12/29/2020	Barry Brack 6 Contributor address; City; State; Zip Code 213 Lavista St. Waxahachie, TX 75/65 Dation / Job title (See Instructions) 9 Employer (See Instructions)	\$ 500.00
	213 Lavista St, Waxahachie, Tx 75/65	
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
12/29/2020		\$500.00
Principal control	5601 Belmont Ave, Dallas, TX 75206	
r incipal occupa	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
12/29/2021	Ann Sutherland Contributor address; City; State; Zip Code	\$75.ª
Principal occupa	ation / Job title (See Instructions) Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (IDM:)	Amount of contribution (\$)
2/29/2020	Aracely Chavez Contributor address; City; State; Zip Code	\$100.00
Principal acquire	6920 Wicks Trail, Ft. Worth, TX 76133	
Amorbai occups	tion / Job title (See Instructions) Employer (See Instruction	ons)
5		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED
***************************************	If contributor is out-of-state PAC, please see Instruction guide for additional re	porting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Anael R. Luebanos out-of-state PAC (ID#:_____ 7 Amount of contribution (\$) 12/29/2020 & Contributor address; City; State; Zip Code \$250. W 136 Crown Ridge CT, Ft. Worth, TX 76108 Section (lob title (See Instructions) | 8 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Douglas Poneck contributor address; City; State: Zip Code \$500.4 127 West Woodland Ave, San Antonia, TX 78212 Employer (See Instructions) 12/29/20 Principal occupation / Job title (See Instruction Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) 12/30/2020 Rufino Mendoza City; State; Zip Code \$ 250. CL Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) 12/30/20 Angeles Fronzalez - Rosas City: State; Zip Code \$200.00 5533 Secco Dr, Ft. Worth, TX 76179 Principal occupation / Job title (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: FILER NAME 3 Filer ID (Ethics Commission Filers) Anael R. Luebanos 7 Amount of contribution (\$) out-of-state PAC (ID#:__ Amount of contribution (\$) 12/31/20 Nelcy Cardenas Contributor address: City; State; Zip Code 916 Lomo St., Fort Worth, TX 76110 Principal occupation / Job title (See Instructions) Employer (See Instruc \$100.00 Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) 12/31/20 VIDAL QUEVEDO. Contributor address; City: State; Zip Code FOR Worth, TX \$ 250.4 Principal occupation / Job title (See Instructions Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) 12/12/20 Tom Purvis Contributor address; City; State; Zip Code 8250.81 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: FILER NAME 3 Filer ID (Ethics Commission Filers) Angel R. Luebands out-of-state PAC (ID# 7 Amount of contribution (\$) 12/31/20 6 Contributor address; City; State; Zip Code Fort Worth, TX (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#.___ Amount of contribution (\$) Ging Rubio Contributor address; City; State; Zip Code Fort Worth, TX \$1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of contribution (\$) Judy Needham Contributor address; City: State; Zip Code 01/11/21 Fort Worth, TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) Richard Davidovich Contributor address; City; State; Zip Code 01/11/21 \$ 250.6 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Anael R. Luebanas 5 Full name of contributor □ out-of-state PAC (iD#:____ 7 Amount of contribution (\$) Carlos Turcios Contributor address; City; \$156.0 8 Principal occupation / Job title (See Instructions Date Full name of contributor out-of-state PAC (ID#___ Amount of contribution (\$) Juan Turcios Contributor address; City; State; Zip Code \$ 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) State; Zip Code Contributor address; City; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-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 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS SCHEDULE B Total pages Schedule B: The Instruction Guide explains how to complete this form. FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor out-of-state PAC (ID# Amount 9 In-kind contribution of Pledge \$ description 1,500.4 Fort Worth, TX Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date out-of-state PAC (ID#:_ In-kind contribution of Pledge \$ description 01/61/21 Dallas, TX Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution Pledge \$ description 01/01/21 Fort Worth, TX Check if travel outside of Texas, Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of ut-of-state PAC (ID#: In-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code __Check if travel oulside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) 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/Denations Made By
Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

1 Total pages Schedule F1: 2 FILER NAME ANACL P. Lubbanos 3 Filer ID (Ethics Commission File ANACL P. Lubbanos 4 Date Print Place Caregory (See Categories listed at the top of this schedule) Print Place (c) Check if Austin, TX. officeholder living expense Candidate / Officeholder name Printing expense Category (See Categories listed at the top of this schedule) Pagee name Pagee name Print Place Candidate / Officeholder name Office eought Office eought Office held Pagee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Pagee name Print Place Amount (\$) Pagee address: City: State: Zip Code Pagee address: City: State: Zip Code Office held Description Purpose Office Schedule II Check if Austin, TX. officeholder living expense Category (See Categories listed at the top of this schedule) Category (S	Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category	y not listed above)
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6 Amount (\$) 7 Payee address; City; State; Zip Code 1053.34 WWW. print place.com 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Printing expense (c) Check if ravel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee name Payee address; City; State; Zip Code Amount (\$) Payee address; City; State; Zip Code PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Printing expense Check if ravel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	5 - 4 - 1	5 Payee name			
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing expense (b) Description Printing expense Candidate / Office holder name Candidate / Office holder name Office sought Office hold Payee name Payee address; City; State; Zip Code Purpose Office sought Category (See Categories listed at the top of this schedule) Purpose Office sought Office hold Date Payee address; City; State; Description Purpose Office sought Office hold Category (See Categories listed at the top of this schedule) Purpose Office sought Office hold			City;	State;	Zip Code
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and the second s		Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
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Date Payee name	Date	Payee name			
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Amount (\$) Payee address; City; State; Zip Code	Amount (\$)	Payee address;	City;	State;	Zip Code
35. a www.fedex.com	35. 4	www.fedex.com			
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Complete <u>ONLY</u> if direct Candidate / Office holder name Office sought Office hold expenditure to benefit C/OH			Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

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)

Candidate/Officeholder/Politica CreditCard Payment	Al Committee Legal Services Salaries N	Vages/Contract Labor Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	Ahael R. Luebanos	3 Filer ID (Ethics Commission Filers)
4 Date 9/28/2020	Payee name LOS POSTOYES	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
350.6	Fort Worth, TX	ř.
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Event expense	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought Office held
Date	Payee name	
9/3/2020	Rosemont PTO	
Amount (\$)	Payee address;	City; State; Zip Code
\$ 250.00	Fort Worth, TX	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Contribution	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/04/2020	Luis Perez	
Amount (\$)	Payee address;	City; State; Zip Code
\$ 200.00	Fort Worth, TX	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Event expense	
	Check if travel outside of Texas. Complete Schedule T.	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Credit Card Payment

Event Expense Fees Food/Beverage Expense Glft/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)

Credit Card Payment	The Instruction Guide explains how to a	Veges/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	Anael R. Lucbanos		3 Filer ID (Ethics Commission Filers)
12/5/2020	Rachel Deliva		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$103.20	Fort Worth, TX		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/14/21 Amount (\$)	Anedot		
	Payee address;	City;	State; Zip Code
1317.52	www.anedot.com		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, 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	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDUI F AS NEF	PDED