CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	Mr. Angel	K.	Date Received
	Luebanos	-	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		oith, TX 76110	RECEIVED JUL 11 2019 Board of Education
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	(682) 597-6261		Date Hand-delivered or Date Postmarked 7-11-19
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	Mrs Anahi	SUFFIX	Date Processed
	Esparza-l		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / St	UITE #; CITY; STATE;	ZIP CODE
(Residence or Business)	3321 Ryan Ave, Fort	Worth, TX 761	10
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 366-1214	EXTENSION	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	01 /01 /2019	THROUGH 07	15 /2019
11 ELECTION	Month Day Year Primary 05/06/2017 General	ELECTION TYPE Runoff Other Description Special	•
12 OFFICE	FWISD Board Trust	13 OFFICE SOUGHT (if known)
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	DL	velanos	15 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT	WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		COMMITTEE CAME AND THE ACCURATE ABOUTES		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER T S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM		
	+ + + + + + + + + + + + + + + + + +	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$19,925	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 8,942.78	
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY of REPORTING PERIOD \$24, 914. 38		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	THE \$	
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.				
		Signature of Ca	andidate or Officeholder	
AFFIX NOTARY STAM	P/SEALABOVE			
C		by the said Anael Lyebanos	ahia aha 11th	
day of July		to certify which, witness my hand and seal of office		
Faye Dan Signatule of officer a	dministering oath	Frinted name of officer administering oath	Frec. Sec. Title of officer administering oath	
_				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

9 FILER NAME 20 Filer ID (Ethics Cor		mmission Filers)
Anael P. Luebanos		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	fi.	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$19,925.°
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,200.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 3,750.00
4. SCHEDULE E: LOANS		\$ B
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$ 8,467.78
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ Ø
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ Ø
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 8
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ Ø
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ Ø
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 475.°°
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$ Ø

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) O6/04/19 Shelly Whitfield 6 Contributor address; City; State; Zip Code \$ 250.00 2020 Glenco Terrace, Ft. Worth, TX 76110 9 Employer (See Instructions) Date Amount of contribution (\$) 6/4/2019 Bob Benda Contributor address; City; State; Zip Code \$250,00 608 Paint Pony Trail N., Ft. Worth, TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 6/4/2019 Dick Abrams Contributor address; City; State; Zip Code 6145 Wedgwood Dr, Ft. Worth, TX 76133 \$500,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:_ Amount of contribution (\$) 06/05/19 Jason Smith Contributor address; City; State; Zip Code \$ 250.00 600 8th Ave, Fort Worth, TX 76104 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. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Anael R. Luebanos 7 Amount of contribution (\$) \$ 500.00 9108 Cliffside, Cedar Hill, TX 75104 Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 6/11/2019 Molly Hyry Contributor address; City; State; Zip Code \$250,00 4221 Blackhaw Ave, Ft. Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) 07/3/2019 Bradford Barnes City; State; Zip Code \$1,000.00 PO Box 1978 Fortworth, TX 76101 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:_____ Amount of contribution (\$) John Avila Contributor address; City; State; Zip Code 1936 Warner Rd, Ft. Worth, TX 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$ 1,000,00 Principal occupation / Job title (See Instruct

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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. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Anael R-Luebanos 4 Date 7 Amount of contribution (\$) 07/4/19 Edwin Hinojosa 6 Contributor address; City; State; Zip Code \$ 500,00 3806 E Rosedale St, Ft. Worth, TX 76105 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:__ Date Amount of contribution (\$) Sqoul Mares O7/07/19 Contributor address; City; State; Zip Code 2617 Cardwell St, Mesquite, TX 75180 out-of-state PAC (ID#:_____ Date Amount of contribution (\$) 07/09/19 Linda Antinone City; State; Zip Code \$100,00 1900 Ben Hall Ct, Ft. Worth, TX 76110 Date __ out-of-state PAC (ID#:____ Amount of contribution (\$) 07/00/19 Steve DeLeon Contributor address; City; State; Zip Code \$ 100.00 7212 Karen Dr., Ft. Worth, JX 76180 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. 3 Filer ID (Ethics Commission Filers) FILER NAME Anael R. Luebanas Date 7 Amount of contribution (\$) Samuel Davila 6 Contributor address; City; State; Zip Code \$ 250,00 07/09/19 5912 Barton Spring Ave, Ft. Worth Tx 76180 Full name of contributor Out-of-state PAC (ID#: Date 07/9/19 Don Boren & Wanda Conlin contributor address; City; State; Zip Code 1775 Martel, Fortworth, TX 76103 Employer (See Instructions) Amount of contribution (\$) \$ 150,00 Principal occupation / Job title (See Instruction Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) Carlos Flores Contributor address; City; State; Zip Code 07/09/19 \$250.00 1415 Circle Park Blvd, Ft. Worth, TX 76164 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) 07/09/19 Eric Fox Contributor address; City; State; Zip Code \$ 250, 90 3513 Overton Dr. E, 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 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Anael R. Luebanos 7 Amount of contribution (\$) 07/09/19 Mr. & Mrs. Alan Hegi. City; State; Zip Code \$ 300,00 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) 07/09/19 Tobl & Zoie Jackson Contributor address; City; State; Zip Code 2108 Yosemite, Ft. Worth, TX 76112 \$250.00 Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#:_ Amount of contribution (\$) 07/09/19 Dee Kelly Contributor address; City; State; Zip Code \$ 500,00 417 Rivercrest Dr., Ft. Worth, TX 76197 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) 07/09/19 John Kleinheinz Contributor address; City; State; Zip Code \$ 1000.00 1101 Broad Ave, Ft. Worth, TX 76107 Principal occupation / Job title (See Instructions)

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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 Luebanos 4 Date 7 Amount of contribution (\$) Jaime Martinez 6 Contributor address; City; State; Zip Code \$100,00 6305 Greenway Rd, Ft. Worth, TX 76116 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_ Date Amount of contribution (\$) 07/09/19 William Meadows Contributor address; City; State; Zip Code \$ 250,00 121 Rivercrest Dr, Ft. Worth, TX 76107 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_____ Amount of contribution (\$) 07/09/19 Patrick Monaghan City; State; Zip Code \$ 250,00 105 Parkway Dr, Willow Park, TX 76087 Employer (See Instructions) Date out-of-state PAC (ID#:_____) Amount of contribution (\$) Judy Needham Contributor address; City; State; Zip Code 6341 Klamath Rd, Ft. Worth, TX 76116 \$ 250,00 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 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Angel R. Luebanos 7 Amount of contribution (\$) 07/09/19 Steven Poole 6 Contributor address; City; State; Zip Code \$ 500,00 3612 W 5th St, Ft. Worth, TX 76107 out-of-state PAC (ID#:__ Date Amount of contribution (\$) 07/09/19 Jody Sanders Contributor address; City; State; Zip Code 2533 Lubbock Ave, Ft. Worth, TX 76109 Principal occupation / Joh title (See Instructions) Employer (See Instruc \$100.00 Principal occupation / Job title (See Instruction: Full name of contributor Date out-of-state PAC (ID#:_____ Amount of contribution (\$) 07/09/19 Kristin Sullivan Contributor address; City; State; Zip Code \$100,00 2239 Huntington Ln, Ft. Worth, TX 76110 Date out-of-state PAC (ID#:_ Amount of contribution (\$) 07/09/19 Good Government Fund Contributor address; City; State; Zip Code 201 Main St, Suite 2500, 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

	<u> </u>		
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 out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
07/09/19	PSEL PAC 6 Contributor address; City; State; Zip Code	\$2,000. <u>ac</u>	
	201 Main St. Suite 2500, Ft. Worth, TX 7610	·	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)	
07/09/19	Isaac & Libby Manning Contributor address; City; State; Zip Code	\$ 500,00	
	2217 Windsor PL, Ft. Worth, TX 76110	4 000	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
07/09/19	Michael Crain Contributor address; City; State; Zip Code	\$ 50,00	
	4450 Oak Park Ln, 100427, Ft. Worth, 75/400	7	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
07/09/19	V. Neils Agather Contributor address; City; State; Zip Code	\$ 500,00	
	801 Cherry St, Ft. Worth , TX 76102		
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	etions)	
,			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) FILER NAME Anael R Luebanas 7 Amount of contribution (\$) Line barger Goggan Blair & Sampson, 4 & 2,000, ac Contributor address; State; Zip Code Box 17428, Austin, TX 78760 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) 07/09/19 Dr. Charlie Little Contributor address; City; State; Zip Code \$ 100,00 529 Haverhill Ave, Colleyville, TX 76034 Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) 07/09/19 James Lewis Contributor address; City; State; Zip Code \$250.00 4505 French Lake Dr. Ft. Worth, TX 76133 Principal occupation / Job title (See Instructions) Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_____ \$ 25.00 6424 Whitman Ave, Ft. Worth, Tx 76133 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 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 Date out-of-state PAC (ID#:___ 7 Amount of contribution (\$) U7/09/19 Lynn Freeman O7/09/19 6 Contributor address; City; State; Zip Code \$ 250,00 4900 Westridge Ave #3, Ft. Worth, TX 76116 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 07/09/19 Beverly Reilly Contributor address; City; State; Zip Code 1017 S FM Rocd 5, Aledo, TX 76008 Employer (See In \$ 100,00 Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 07/09/19 L.O. Brightbill III City; State; Zip Code \$ 250.0 8908 Crest Wood Dr. Ft Worth, IX 76179 Date out-of-state PAC (ID#:_____ Amount of contribution (\$) 07/09/19 Elton M. Hyder Contributor address; City; State; Zip Code P.O. Box 471905, Ft. Worth, TX 76147 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Anael R. Luebands 7 Amount of contribution (\$) 07/09/19 Jessica Grady City; State; Zip Code \$ 50,00 4762 Kyle Ave, Ft. Worth, TX 76133 Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Anne & Richard Darr Contributor address; City; States; Zip Code 2542 Staclium Dr, Ft. Worth, TX 76109 \$250.00 Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 07/09/19 Brian Byrd Contributor address; City; State; Zip Code \$ 250,00 6816 River Bend Rd, Ft. Worth, TX 76132 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Juan & Carlos Turcios Contributor address; City; State; Zip Code 07/09/19 4726 Whistler Dr, FortWorth, TX 76133 Principal occupation / Job title (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) FILER NAME Anael R. Luebangs Date 7 Amount of contribution (\$) 07/09/19 Frances & Sergio de Leon City: State; Zip Code \$250,00 Y521 Diaz Ave, Ft. Worth, Tx 76107 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#:____ Amount of contribution (\$) Dan Villegas Contributor address; City; State; Zip Code 07/09/19 \$ 250,42 1413 Carn Circle, Fort Worth, TX 76134 Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) 07/10/19 Ni cole Van Toorn Contributor address; City; State; Zip Code \$ 500,00 PO BOX 122292, Ft. Worth, TX 76121 Full name of contributor Amount of contribution (\$) 07/10/19 UNUIN Management City; State; Zip Code \$ 500,00 213 LaVista Dr, Waxahachie, TX 75165 Principal occupation / Job title (See Instruction ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	1		VI00
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Anael R. Luebanos		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	5 Date 6 Full name of contributor out-of-state PAC (ID#: 57/9/19 Kelly, Hart & Hallman 7 Contributor address; City; State; Zip Code 201 Main St, Suite 2500, Ft. Worth, Tago		8 Amount of Contribution \$\frac{9}{\text{description}} \text{In-kind contribution description} \\ 1, 200. \(\varphi \) \\ \text{Fundraiser} \\ \text{Event} \\ \text{Check if travel outside of Texas. Complete Schedule T.}
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor) de	Amount of In-kind contribution Contribution \$ description Check if travel outside of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ttor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	36.5		
	8		
			U.S. A.O. N.E.S.D.E.D.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE B PLEDGED CONTRIBUTIONS Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME Filer ID (Ethics Commission Filers) Angel R. Luebanos 5 Date 6 Full name of pledgor ut-of-state PAC (ID#:_ Amount In-kind contribution of Pledge \$ description 07/09/19 Francisco Hernandez 7 Pledgor address; City; State; Zip Code \$500,00 800 W. Weatherfordst. Ft. Worth, Force Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) Date In-kind contribution Amount Full name of pledgor of Pledge \$ description Murtha V. Leonard Pledgor address; City; State; Zip Code \$1000 0 1411 Shady Oaks Ln, Ft. Worth, TX 76107 Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Date Full name of pledgor In-kind contribution ut-of-state PAC (ID#:_ Carmen & Ty Williams Pledgor address; City; State; Zip Code Pledge \$ description \$ 250,00 07/09/19 662 May St , Fort Worth, TX 76104 Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of pledgor Date out-of-state PAC (ID#:_ Pledge \$ description Pledgor address; City; State; Zip Code Fort Worth, TX Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions)

SCHEDULE B PLEDGED CONTRIBUTIONS Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Angel R. Luebanos TOTAL OF UNITEMIZED PLEDGES ut-of-state PAC (ID#: 5 Date 6 Full name of pledgor Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Fortworth, TX Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Date **Amount** In-kind contribution out-of-state PAC (ID#:_ of Pledge \$ description Fort Worth, TX Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Pledge \$ description . Cory Schneider Pledgor address; City; 67/00/19 Fort Worth, TX Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Full name of pledgor Amount of out-of-state PAC (ID#: description Pledge \$ Fort Worth, TX Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions)

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PLEDGED CONTRIBUTIONS

SCHEDULE B

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule	• B:
2 FILER NAME	Angel R. Luebanas	3 Filer ID (Ethics Con	nmission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES	\$	
5 Date	6 Full name of pledgor	8 Amount of Pledge \$	9 In-kind contribution description
07/09/19	Brian Epstein 7 Pledgor address; City; State; Zip Code Fort Worth, TX	\$250.00	
	Fort Worth, TX	Check if travel outside	e of Texas. Complete Schedule T.
10 Principal occu	pation / Job title (See Instructions) 11 Employer (See	Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		Check if travel outside	of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zlp Code	8 8 8 8 8 9	
		Check if travel outside	of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		7
		Check if travel outside	o of Texas. Complete Schedule T.
Principal occup	eation / Job title (See Instructions) Employer (See	Instructions)	
		20	
-			
lf c	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE contributor is out-of-state PAC, please see instruction guide for a		Aguirements

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 Co

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains how to d	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Angel R. Lueb	3 Filer ID (Ethics Commission Filers)		
4 Date 03/04/2019	5 Payee name Sergio DeLeon			
\$100°	7 Payee address; City; State; Zip Code 4521 Diaz Ave, Fort Wort	h, TX 76107		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description 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/OI	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
05/06/2019 Amount (\$)	Denise Painter			
\$1,600.00	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description 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/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
05/06/2019	Denise Painter			
\$1,333.64	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description 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	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Ü	Services Instruction Guide expla		ges/Contract Labor	Other (enter a categor	y not listed above)
1 Total pages Schedule F1:	2 FILER NAME	Anael P.	Luebar	745	3 Filer ID (Ethlcs	Commission Filers)
4 Date 05/10/2019	5 Payee name Beacon	0 1 0				
6 Amount (\$) \$ 4,242.	7 Payee address	; City; State;	Zip Code V	er.		
8 PURPOSE OF EXPENDITURE		ing Expen			utside of Texas. Complete Scl	
9 Complete ONLY if direct expenditure to benefit C/OF		Officeholder name	·	Office sought	(Office held
Date	Payee name					
05/30/2019	Print 1	Place				
Amount (\$)	Payee address	; City; State;	Zip Code		n	
\$203.04	www.	printplace	.com	33		
PURPOSE OF EXPENDITURE	Printin Ex	ategories listed at the top of the	is schedule)		tside of Texas. Complete Sch , TX, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/OH		officeholder name		Office sought	(Office held
Date	Payee name					
06/24/2019	Print F					
Amount (\$)	Payee address					
\$674.73	www.j	orintplace	.com	9		*
PURPOSE OF EXPENDITURE	Printin Ex	ategories listed at the top of th 19 Pense	is schedule)		itside of Texasi. Complete Sch , TX, officeholder living e:	
Complete ONLY if direct expenditure to benefit C/OH		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

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

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

Candidate/Officeholder/Politica Credit Card Payment	The instruction Guide explains how to co		(enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Anael R. Luek		er ID (Ethics Commission Filers)
4 Date 07/07/2019	5 Payee name	en oj	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$86.79	www.staples.com		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	over Complete Cabadula T
PURPOSE OF EXPENDITURE	Event Expense	Check if travel outside of Te	·
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	-	*
07/09/2019	Staples		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 50.86	www.staples.com		8
	Category (See Categories listed at the top of this schedule)	Description Charles to the control of the control o	una Camplata Cabadula T
PURPOSE OF EXPENDITURE	Event Expense	Check if travel outside of Te	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
07/09/2019	Hobby Lobby		
Amount (\$)	Payee address; City; State; Zip Code		
\$10.81	5020 S. Hulen St, Fort WC	orth, TX 761	32
DURROCE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Te	xas. Complete Schedule T
PURPOSE OF EXPENDITURE	Event Expense	Check if Austin, TX, offi	
LAI LIBITORE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		æ
Complete ONLY if direct expenditure to benefit C/OF	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
Candidationship Conditional Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/W The Instruction Guide explains how to c	19	nter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Anael R. Lueb	3 Filer	ID (Ethics Commission Filers)
4 Date 07/09/2019	5 Payee name Target	que ·	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$10.81	www.target.com		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texa	as Complete Schedule T
PURPOSE OF EXPENDITURE	Event Expense	Check if Austin, TX, office	·
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
07/10/2019	Anedot		
Amount (\$)	Payee address; City; State; Zip Code		
\$155.10	www.anedot.com	8	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texa Check if Austin, TX, office	
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		
41			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		Check if travel outside of Texa	
EXPENDITURE		<u>.</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule !:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Angel R. Luebanos	
4 Date	5 Payee name	
02/19/2019	Paschal Jazz	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Donation	Donation to Paschal Jazz
Date	Payee name	-
02/22/2019	MACE	
Amount (\$)	Payee address; City; State; Zlp Code	a.
\$100.00	•	90
PURPOSE OF	Category (See Instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
EXPENDITURE	Donation	Donation for scholarship program
Date	Рауее пате	
05/30/2019	South Hills Elementary	PTA
Amount (\$)	Payee address; City; State; Zip Code	
\$25.00	(K	36 x
PURPOSE OF	Category (See Instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
EXPENDITURE	Donation	Donation to South Hills Elem. PTA
Date 04/29/2019	South Hills High School	Theater
Amount (\$)	Payee address; City; State; Zip Code	
9100.00		
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
OF EXPENDITURE	Donation	Donation to South Hills High School Theater program
		· · · · · · · · · · · · · · · · · · ·