

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed:</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p>Mr. Anael R.</p> <p>NICKNAME LAST SUFFIX</p> <p style="text-align: center; font-size: 1.2em;">Luebanos</p>		<p>OFFICE USE ONLY</p> <p>Date Received</p> <p style="font-size: 1.5em; color: red;">RECEIVED</p> <p style="font-size: 1.2em; color: red;">JUL 11 2019</p> <p style="color: red;">Board of Education</p> <p>Date Hand-delivered or Date Postmarked</p> <p style="font-size: 1.2em; color: red;">7-11-19</p> <p>Receipt # Amount \$</p> <p>Date Processed</p> <p style="font-size: 1.2em; color: red;">7-11-19</p> <p>Date Imaged</p>
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="font-size: 1.2em;">3321 Ryan Ave, Ft. Worth, TX 76110</p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="font-size: 1.2em;">(682) 597-6261</p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p>Mrs Anahi</p> <p>NICKNAME LAST SUFFIX</p> <p style="text-align: center; font-size: 1.2em;">Esparza-Luebanos</p>		
<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="font-size: 1.2em;">3321 Ryan Ave, Fort Worth, TX 76110</p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="font-size: 1.2em;">(817) 366-1214</p>		
<p>9 REPORT TYPE</p>	<p> <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) </p> <p> <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) </p>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year Month Day Year</p> <p style="font-size: 1.2em;">01 / 01 / 2019 THROUGH 07 / 15 / 2019</p>		
<p>11 ELECTION</p>	<p>ELECTION DATE ELECTION TYPE</p> <p>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description</p> <p style="font-size: 1.2em;">05 / 06 / 2017 <input type="checkbox"/> General <input type="checkbox"/> Special</p>		
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)</p> <p style="font-size: 1.2em;">FWISD Board Trustee</p>	<p>13 OFFICE SOUGHT (if known)</p>	

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

18 AFFIDAVIT


Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Anael Luebanos, this the 11th day of July, 20 19, to certify which, witness my hand and seal of office.





Signature of officer administering oath Printed name of officer administering oath 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 type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,925. ⁰⁰
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,200. ⁰⁰
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 3,750. ⁰⁰
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,467.78
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 475. ⁰⁰
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

12

2 FILER NAME

Anael R Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

06/04/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Shelly Whitfield

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City; State; Zip Code

2020 Glenco Terrace, Ft. Worth, TX 76110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/4/2019

Full name of contributor

☐ out-of-state PAC (ID#:

Bob Benda

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/4/2019

Full name of contributor

☐ out-of-state PAC (ID#:

Dick Abrams

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

6145 Wedgwood Dr, Ft. Worth, TX 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/05/19

Full name of contributor

☐ out-of-state PAC (ID#:

Jason Smith

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

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

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

6/10/2019

5 Full name of contributor

Juan Perez

☐ out-of-state PAC (ID#:

6 Contributor address;

City; State; Zip Code

9108 Cliffside, Cedar Hill, TX 75104

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/11/2019

Full name of contributor

Molly Hyry

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

4221 Blackhaw Ave, Ft. Worth, TX 76109

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/3/2019

Full name of contributor

Bradford Barnes

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

PO Box 1978 Fort Worth, TX 76101

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/4/19

Full name of contributor

John Avila

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

1936 Warner Rd, Ft. Worth, TX 76110

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

07/4/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Edwin Hinojosa

7 Amount of contribution (\$)

\$ 500.00

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

07/07/19

Full name of contributor

☐ out-of-state PAC (ID#:

Saoul Mares

Amount of contribution (\$)

\$ 300.00

Contributor address;

City; State; Zip Code

2617 Cardwell St, Mesquite, TX 75180

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#:

Linda Antinone

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

1900 Ben Hall Ct, Ft. Worth, TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#:

Steve DeLeon

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

7212 Karen Dr, Ft. Worth, TX 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

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

07/09/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Samuel Davila

6 Contributor address;

City; State; Zip Code

5912 Barton Spring Ave, Ft. Worth TX 76180

7 Amount of contribution (\$)

\$ 250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/9/19

Full name of contributor

☐ out-of-state PAC (ID#:

Don Boren & Wanda Conlin

Contributor address;

City; State; Zip Code

1775 Martel, Fort Worth, TX 76103

Amount of contribution (\$)

\$ 150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#:

Carlos Flores

Contributor address;

City; State; Zip Code

1415 Circle Park Blvd, Ft. Worth, TX 76164

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#:

Eric Fox

Contributor address;

City; State; Zip Code

3513 Overton Dr. E, Ft. Worth, TX 76109

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

07/09/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mr. & Mrs. Alan Hegi

6 Contributor address;

City; State; Zip Code

1928 Berkeley Place, Ft. Worth, TX 76110

7 Amount of contribution (\$)

\$ 300.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tobi & Zoie Jackson

Contributor address;

City; State; Zip Code

2108 Yosemite, Ft. Worth, TX 76112

Amount of contribution (\$)

\$ 250.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dee Kelly

Contributor address;

City; State; Zip Code

417 Rivercrest Dr, Ft. Worth, TX 76107

Amount of contribution (\$)

\$ 500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Kleinheinz

Contributor address;

City; State; Zip Code

1101 Broad Ave, Ft. Worth, TX 76107

Amount of contribution (\$)

\$ 1000.⁰⁰

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

07/09/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Jaime Martinez

6 Contributor address;

City; State; Zip Code

6305 Greenway Rd, Ft. Worth, TX 76116

7 Amount of contribution (\$)

\$100.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/09/19

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 (\$)

\$250.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#:

Patrick Monaghan

Contributor address;

City; State; Zip Code

105 Parkway Dr, Willow Park, TX 76087

Amount of contribution (\$)

\$250.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#:

Judy Needham

Contributor address;

City; State; Zip Code

6341 Klamath Rd, Ft. Worth, TX 76116

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

07/09/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Steven Poole

6 Contributor address;

City; State; Zip Code

3612 W 5th St, Ft. Worth, TX 76107

7 Amount of contribution (\$)

\$ 500.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jody Sanders

Contributor address;

City; State; Zip Code

2533 Lubbock Ave, Ft. Worth, TX 76109

Amount of contribution (\$)

\$ 100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kristin Sullivan

Contributor address;

City; State; Zip Code

2239 Huntington Ln, Ft. Worth, TX 76110

Amount of contribution (\$)

\$ 100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Good Government Fund

Contributor address;

City; State; Zip Code

201 Main St, Suite 2500, Ft. Worth, TX 76102

Amount of contribution (\$)

\$ 2000.⁰⁰

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

07/09/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

PSEL PAC

6 Contributor address;

City; State; Zip Code

201 Main St. Suite 2500, Ft. Worth, TX 76102

7 Amount of contribution (\$)

\$2,000.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#:

Isaac & Libby Manning

Contributor address;

City; State; Zip Code

2217 Windsor PL, Ft. Worth, TX 76110

Amount of contribution (\$)

\$500.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#:

Michael Crain

Contributor address;

City; State; Zip Code

4450 Oak Park Ln, 100427, Ft. Worth, TX 76109

Amount of contribution (\$)

\$50.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#:

V. Neils Agather

Contributor address;

City; State; Zip Code

801 Cherry St, Ft. Worth, TX 76102

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

07/09/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Linebarger Grogan Blair & Sampson, LLP

6 Contributor address;

City; State; Zip Code

PO Box 17428, Austin, TX 78760

7 Amount of contribution (\$)

\$ 2,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#:

Dr. Charlie Little

Contributor address;

City; State; Zip Code

529 Haverhill Ave, Colleyville, TX 76034

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#:

James Lewis

Contributor address;

City; State; Zip Code

4505 French Lake Dr, Ft. Worth, TX 76133

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#:

Amy Reyes

Contributor address;

City; State; Zip Code

6424 Whitman Ave, Ft. Worth, TX 76133

Amount of contribution (\$)

\$ 25.00

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

07/09/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Lynn Freeman

6 Contributor address;

City; State; Zip Code

4900 Westridge Ave #3, Ft. Worth, TX 76116

7 Amount of contribution (\$)

\$250.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#:

Beverly Reilly

Contributor address;

City; State; Zip Code

1017 S FM Road 5, Aledo, TX 76008

Amount of contribution (\$)

\$100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#:

L.O. Brightbill III

Contributor address;

City; State; Zip Code

8908 Crest Wood Dr, Ft. Worth, TX 76179

Amount of contribution (\$)

\$250.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#:

Elton M. Hyder

Contributor address;

City; State; Zip Code

P.O. Box 471905, Ft. Worth, TX 76147

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

07/09/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Jessica Grady

6 Contributor address;

City; State; Zip Code

4762 Kyle Ave, Ft. Worth, TX 76133

7 Amount of contribution (\$)

\$ 50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#:

Anne & Richard Darr

Contributor address;

City; State; Zip Code

2542 Stadium Dr, Ft. Worth, TX 76109

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#:

Brian Byrd

Contributor address;

City; State; Zip Code

6816 River Bend Rd, Ft. Worth, TX 76132

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#:

Juan & Carlos Turcios

Contributor address;

City; State; Zip Code

4726 Whistler Dr, Fort Worth, TX 76133

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

07/09/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Frances & Sergio de Leon

6 Contributor address; City; State; Zip Code

4521 Diaz Ave, Ft. Worth, TX 76107

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/09/19

Full name of contributor

☐ out-of-state PAC (ID#:

Dan Villegas

Contributor address; City; State; Zip Code

1413 Cairn Circle, Fort Worth, TX 76134

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/10/19

Full name of contributor

☐ out-of-state PAC (ID#:

Nicole Van Toorn

Contributor address; City; State; Zip Code

PO Box 122292, Ft. Worth, TX 76121

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/10/19

Full name of contributor

☐ out-of-state PAC (ID#:

UNUM Management

Contributor address; City; State; Zip Code

213 LaVista Dr, Waxahachie, TX 75165

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Anael R. Luebanos		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 07/9/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Hart & Hallman 7 Contributor address; City; State; Zip Code 201 Main St, Suite 2500, Ft. Worth, TX 76102	8 Amount of Contribution \$ 1,200.00	9 In-kind contribution description Fundraiser Event
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor'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)			
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: 3	
2 FILER NAME Anael R. Luebanos		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date 07/09/19	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francisco Hernandez 7 Pledgor address; City; State; Zip Code 800 W. Weatherford St. Ft. Worth, TX 76102	8 Amount of Pledge \$ \$500.00	9 In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date 07/09/19	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha V. Leonard Pledgor address; City; State; Zip Code 1411 Shady Oaks Ln, Ft. Worth, TX 76107	Amount of Pledge \$ \$1000.00	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/09/19	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carmen E. Ty Williams Pledgor address; City; State; Zip Code 662 May St, Fort Worth, TX 76104	Amount of Pledge \$ \$250.00	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/09/19	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramon Romero Pledgor address; City; State; Zip Code Fort Worth, TX	Amount of Pledge \$ \$250.00	In-kind contribution description
		<input type="checkbox"/> 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.			

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 07/09/19	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Gina Rubio 7 Pledgor address; City; State; Zip Code Fort Worth, TX	8 Amount of Pledge \$ \$500.00	9 In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date 07/09/19	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Salvador Espino Pledgor address; City; State; Zip Code Fort Worth, TX	Amount of Pledge \$ \$500.00	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/09/19	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Cory Schneider Pledgor address; City; State; Zip Code Fort Worth, TX	Amount of Pledge \$ \$250.00	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/09/19	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Hector Flores Pledgor address; City; State; Zip Code Fort Worth, TX	Amount of Pledge \$ \$250.00	In-kind contribution description
		<input type="checkbox"/> 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.			

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">Anael R. Luebanos</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	

5 Date <div style="font-size: 1.2em; font-family: cursive;">07/09/19</div>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-family: cursive;">Brian Epstein</div>	8 Amount of Pledge \$ <div style="font-size: 1.2em; font-family: cursive;">\$250.00</div>	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">Fort Worth, TX</div>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> 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: 4		2 FILER NAME Anael R. Luebanos		3 Filer ID (Ethics Commission Filers)	
4 Date 03/04/2019		5 Payee name Sergio DeLeon			
6 Amount (\$) \$100.⁰⁰		7 Payee address; City; State; Zip Code 4521 Diaz Ave, Fort Worth, TX 76107			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contribution		(b) Description <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 05/06/2019		Payee name Denise Painter			
Amount (\$) \$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 <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 05/06/2019		Payee name Denise Painter			
Amount (\$) \$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 <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 <div style="font-size: 1.2em;">Anael R. Luebanos</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">05/10/2019</div>	5 Payee name <div style="font-size: 1.2em;">Beacon Street Strategies</div>		
6 Amount (\$) <div style="font-size: 1.2em;">\$ 4,242.⁰⁰/₁₀₀</div>	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Consulting Expense</div>		(b) Description <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			
<div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			
Date <div style="font-size: 1.2em;">05/30/2019</div>	Payee name <div style="font-size: 1.2em;">Print Place</div>		
Amount (\$) <div style="font-size: 1.2em;">\$203.04</div>	Payee address; City; State; Zip Code <div style="font-size: 1.2em;">www.printplace.com</div>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Printing Expense</div>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<div style="display: flex; justify-content: space-between;"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held </div>			
Date <div style="font-size: 1.2em;">06/24/2019</div>	Payee name <div style="font-size: 1.2em;">Print Place</div>		
Amount (\$) <div style="font-size: 1.2em;">\$674.73</div>	Payee address; City; State; Zip Code <div style="font-size: 1.2em;">www.printplace.com</div>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Printing Expense</div>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<div style="display: flex; justify-content: space-between;"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held </div>			

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 07/07/2019		5 Payee name Staples			
6 Amount (\$) \$86.79		7 Payee address; City; State; Zip Code www.staples.com			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 07/09/2019		Payee name Staples			
Amount (\$) \$50.86		Payee address; City; State; Zip Code www.staples.com			
PURPOSE OF EXPENDITURE		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	
Date 07/09/2019		Payee name Hobby Lobby			
Amount (\$) \$10.81		Payee address; City; State; Zip Code 5020 S. Hulen St, Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE		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. Luebanas	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date 07/09/2019	5 Payee name Target
-----------------------------	-------------------------------

6 Amount (\$) \$10.81	7 Payee address; City; State; Zip Code www.target.com
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 07/10/2019	Payee name Anedot
---------------------------	-----------------------------

Amount (\$) \$155.10	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

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 <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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME Anael R. Luebanos	3 Filer ID (Ethics Commission Filers)
4 Date 02/19/2019	5 Payee name Paschal Jazz	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Donation	(b) Description (See instructions regarding type of information required.) Donation to Paschal Jazz
Date 02/22/2019	Payee name MACE	
Amount (\$) \$100.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) Donation for scholarship program
Date 05/30/2019	Payee name South Hills Elementary PTA	
Amount (\$) \$25.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) Donation to South Hills Elem. PTA
Date 06/29/2019	Payee name South Hills High School Theater	
Amount (\$) \$100.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) Donation to South Hills High School Theater Program

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED