

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: 14</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p style="font-size: 1.2em; color: blue;">Mr. Anael R.</p> <hr style="border: 0; border-top: 1px dashed black;"/> <p>NICKNAME LAST SUFFIX</p> <p style="font-size: 1.5em; color: blue; text-align: center;">Luebanos</p>		<p>OFFICE USE ONLY</p> <p>Date Received</p> <p style="color: red; font-size: 1.2em;">RECEIVED</p> <p style="color: red; font-size: 1.2em;">JAN 15 2019</p> <p style="color: red; font-size: 1.2em;">Board of Education</p> <p>Date <u>Hand-delivered</u> or Date Postmarked</p> <p style="color: blue; font-size: 1.2em;">1-15-19</p> <p>Receipt # Amount \$</p> <p>Date Processed</p> <p style="color: blue; font-size: 1.2em;">1-16-19</p> <p>Date Imaged</p> <p style="color: blue; font-size: 1.2em;">1-16-19</p>
	<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="font-size: 1.2em; color: blue;">3321 Ryan Ave Fort Worth, TX 76110</p> <p><input type="checkbox"/> Change of Address</p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p> <p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="font-size: 1.2em; color: blue;">(682) 597-6261</p>			
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p style="font-size: 1.2em; color: blue;">Mrs. Anahi </p> <hr style="border: 0; border-top: 1px dashed black;"/> <p>NICKNAME LAST SUFFIX</p> <p style="font-size: 1.5em; color: blue; text-align: center;">Esparza-Luebanos</p>		
	<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="font-size: 1.2em; color: blue;">3321 Ryan Ave, Fort Worth, TX 76110</p> <p>(Residence or Business)</p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="font-size: 1.2em; color: blue;">(817) 366-1214</p>		
<p>9 REPORT TYPE</p>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year Month Day Year</p> <p style="font-size: 1.5em; color: blue;">07 / 01 / 2018 THROUGH 12 / 31 / 2018</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; color: blue;">05 / 06 / 2017 <input type="checkbox"/> General <input type="checkbox"/> Special</p>		
<p>12 OFFICE</p>	<p>OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)</p> <p style="font-size: 1.5em; color: blue;">FWISD Board Trustee</p>		

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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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5,876.50

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2,607.37

CONTRIBUTION
BALANCE

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

\$ 14,407.16

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Anael Luebanos

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Anael R. Luebanos, this the 15th day of January, 2019, to certify which, witness my hand and seal of office.

Laura Litton

Signature of officer administering oath

Laura Litton

Printed name of officer administering oath

Asst.

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Anael R. Luebanos		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,475
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 401.50
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,727.37
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Angel R. Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

07/25/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Aracely Chavez

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

6920 Wicks Trl FortWorth, TX 76133

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/25/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

SPS Family Partnership

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

3908 Westcliff Rd FortWorth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/25/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ralph Martinez

Amount of contribution (\$)

\$1000.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/11/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rosario Villalpando

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

3806 E. Rosedale St FortWorth, 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.

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

11/29/18

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

DeLeon Campaign Committee

6 Contributor address;

City; State; Zip Code

P.O. Box 470743 FortWorth, TX 76147

7 Amount of contribution (\$)

\$200.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/29/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Carlos Flores Campaign

Contributor address;

City; State; Zip Code

1415 Circle Park Rd, FortWorth, TX 76104

Amount of contribution (\$)

\$100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/29/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Anita Quinones

Contributor address;

City; State; Zip Code

4232 Selkirk Dr FortWorth, TX 76109

Amount of contribution (\$)

\$25.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/29/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Clarence Nick

Contributor address;

City; State; Zip Code

4232 Selkirk Dr FortWorth, TX 76109

Amount of contribution (\$)

\$50.⁰⁰

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

11/29/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

Rufino Mendoza

6 Contributor address;

City; State; Zip Code

5505 Rutland Ave FortWorth, TX 76133

7 Amount of contribution (\$)

\$50.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/29/18

Full name of contributor

☐ out-of-state PAC (ID#:

Teresa Ayala

Contributor address;

City; State; Zip Code

1613 NE. 37th St FortWorth, TX 76106

Amount of contribution (\$)

\$100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/29/18

Full name of contributor

☐ out-of-state PAC (ID#:

Nelcy Cardenas

Contributor address;

City; State; Zip Code

916 Lomo St FortWorth, TX 76110

Amount of contribution (\$)

\$100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/29/18

Full name of contributor

☐ out-of-state PAC (ID#:

Victor Puente

Contributor address;

City; State; Zip Code

2737 Calder Court FortWorth, TX 76107

Amount of contribution (\$)

\$200.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Anael R-Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

11/29/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

Richard Casarez

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

6900 La Cantera Dr. Fort Worth, TX 76108

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/29/18

Full name of contributor

☐ out-of-state PAC (ID#:

Elna Rubio

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

7408 Innisbrook Ln Fort Worth, TX 76179

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/29/18

Full name of contributor

☐ out-of-state PAC (ID#:

Jonathan Garcia

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Anael R. Luebanos		3 Filer ID (Ethics Commission Filers)
4 Date 12/07/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfred Saenz 6 Contributor address; City; State; Zip Code 407 Throckmorton St, Apt 7, Ft. Worth, TX 76102	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/26/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Abrams Contributor address; City; State; Zip Code 6145 Wedgewood Fort Worth, TX 76133	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/26/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Simpson Contributor address; City; State; Zip Code P.O. Box 17428 Austin, TX 78760	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/26/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phyllis Looney Contributor address; City; State; Zip Code 3233 Lackland Rd, Apt 14 Ft. Worth, TX 76116	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/29/18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Fernandez & Luis Galindo 7 Contributor address; City; State; Zip Code 306 W 7th St #608 Ft. Worth, TX 76102	8 Amount of Contribution \$ 401.50	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.

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: <i>115</i>	2 FILER NAME <i>Anael R. Luebenos</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/02/18</i>	5 Payee name <i>Jana Lynne Sanchez</i>	
6 Amount (\$) <i>\$50.00</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Donation</i>	(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 <i>10/06/18</i>	Payee name <i>Round One Boxing</i>	
Amount (\$) <i>\$70.00</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</i>	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	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
	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>	

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: <div style="font-size: 1.5em; font-family: cursive;">2/5</div>	2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">Angel R. Luebanos</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em; font-family: cursive;">10/17/18</div>	5 Payee name <div style="font-size: 1.2em; font-family: cursive;">NALEO</div>	
6 Amount (\$) <div style="font-size: 1.2em; font-family: cursive;">\$100.⁰⁰</div>	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">www.naleo.org</div>	
8 <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em; font-family: cursive;">Membership</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		
Candidate / Officeholder name Office sought Office held		
Date <div style="font-size: 1.2em; font-family: cursive;">10/18/18</div>	Payee name <div style="font-size: 1.2em; font-family: cursive;">Kevin Lopez</div>	
Amount (\$) <div style="font-size: 1.2em; font-family: cursive;">\$ 250.⁰⁰</div>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em; font-family: cursive;">Donation</div>	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 <div style="font-size: 1.2em; font-family: cursive;">11/18/18</div>	Payee name <div style="font-size: 1.2em; font-family: cursive;">UBER</div>	
Amount (\$) <div style="font-size: 1.2em; font-family: cursive;">33.09</div>	Payee address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">www.uber.com</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em; font-family: cursive;">Transportation</div>	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: 315	2 FILER NAME Anael R. Luebanas	3 Filer ID (Ethics Commission Filers)
4 Date 11/18/18	5 Payee name American Airlines	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation	(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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 11/18/18	Payee name DFW Parking	
Amount (\$) \$24.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 11/29/18	Payee name Square Inc	
Amount (\$) 13.55	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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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: 4/5		2 FILER NAME Anael R. Luebanos		3 Filer ID (Ethics Commission Filers)	
4 Date 11/30/18		5 Payee name Tobi Jackson			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 2108 Yosemite Fort Worth, TX 76112			
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 12/06/18		Payee name South Hills Elementary			
Amount (\$) \$50.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Donation		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 12/11/18		Payee name Anedot			
Amount (\$) 10.05		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	

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: 5/5	2 FILER NAME Anael R. Luebanos	3 Filer ID (Ethics Commission Filers)
4 Date 12/17/18	5 Payee name Federacion Zacatecana	
6 Amount (\$) \$800.⁰⁰	7 Payee address; City; State; Zip Code 4323 E. Lancaster Ave, Fort Worth TX 76103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 12/20/18	Payee name Print Place	
Amount (\$) 1101.68	Payee address; City; State; Zip Code 1130 Avenue H East Arlington, TX 76011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing 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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 12/31/18	Payee name Carlos Flores	
Amount (\$) \$50.⁰⁰	Payee address; City; State; Zip Code 1415 Circle Park Blvd Fort Worth, TX 76164	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED