

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Angel</u> FIRST MI <u>R</u> NICKNAME LAST SUFFIX <u>Luebanos</u>		OFFICE USE ONLY Date Received <div style="color: red; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 1.2em;">JAN 16 2018</div> <div style="color: red; font-weight: bold; font-size: 1.2em;">Board of Education</div> <i>by Brenda Patton</i> Date Hand-delivered or Date Postmarked <u>1-16-18</u> Receipt # Amount \$ Date Processed <u>1-16-18</u> Date Imaged <u>1-17-18</u>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>3321 Ryan Ave</u> <u>Fort Worth TX 76110</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(682) 597-6261</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Anahi</u> FIRST MI NICKNAME LAST SUFFIX <u>Esparrza-Luebanos</u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>3321 Ryan Ave, Fort Worth TX 76110</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817) 366-1214</u>		
9 REPORT TYPE	<input checked="" 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) <input 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)		
10 PERIOD COVERED	Month Day Year Month Day Year <u>07 / 01 / 2017</u> THROUGH <u>12 / 31 / 2017</u>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>05 / 06 2017</u> <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) <u>FWISD</u> <u>Board trustee</u>		

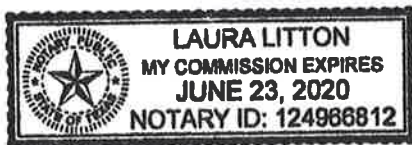
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Anael R. Luebanos		15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
<input type="checkbox"/> Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,850
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,223.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 120.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,182.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 R. Luebanos

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said **Anael R. Luebanos**, this the **12th** day of **January**, 20 **18**, 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

Board 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 type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6850.5
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 5182
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3958.07
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	\$ 0
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:

119

2 FILER NAME

Anael R. Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

8-10-17

5 Full name of contributor

Kenneth L Barr

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

3101 Avondale

City;

Fort Worth

State;

Zip Code

Tx 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-10-17

Full name of contributor

Tobi Jackson

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

2108 Yosemite

City;

Fort Worth

Tx

76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-10-17

Full name of contributor

James B. DeMoss

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50.00

Contributor address;

2600 W. 7th St #

City;

Fort Worth

Tx

76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08-10-17

Full name of contributor

Joan Kline

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$25.00

Contributor address;

1215 Elizabeth Blvd

City;

Fort Worth

Tx

76110

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:

219

2 FILER NAME

Anael R. Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

8-10-17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Jan E. Ferring

7 Amount of contribution (\$)

\$ 200⁰⁰

6 Contributor address;

City: State: Zip Code

3800 Trailwood Ln Fort Worth TX
76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-10-17

Full name of contributor

☐ out-of-state PAC (ID#:

Doug and Jill Black

Amount of contribution (\$)

\$50⁰⁰

Contributor address;

City: State: Zip Code

2031 Ward Pkwy Fort Worth TX
76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-10-17

Full name of contributor

☐ out-of-state PAC (ID#:

Joseph & Mary Dulle

Amount of contribution (\$)

\$ 100⁰⁰

Contributor address;

City: State: Zip Code

2127 Pembroke Fort Worth TX
76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-10-17

Full name of contributor

☐ out-of-state PAC (ID#:

Alan & Jan Megi

Amount of contribution (\$)

\$ 200⁰⁰

Contributor address;

City: State: Zip Code

1928 Berkeley Place Fort Worth TX
76110

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:

319

2 FILER NAME

Anael R Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

8-10-17

5 Full name of contributor

☐ out-of-state PAC (ID#)

Courtin V. Witcher and
Carol Ann Witcher or Jill Turner Black

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

3985 W. Wickers Blvd Fort Worth
TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-10-17

Full name of contributor

☐ out-of-state PAC (ID#)

Deleon Campaign Committee

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

P.O. Box 470743 Fort Worth TX
76147

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-10-17

Full name of contributor

☐ out-of-state PAC (ID#)

Michael & Beverly Reilly

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

1017 S. FM road 5 Alledo TX
76008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08-10-17

Full name of contributor

☐ out-of-state PAC (ID#)

Alice L Walton

Amount of contribution (\$)

\$1,000.00

Contributor address;

City; State; Zip Code

P. O. Box 1860 Bentonville AR
72712

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:

419

2 FILER NAME

Anael R. Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

8-10-17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Mr. or Mrs. John V. Roach II

7 Amount of contribution (\$)

\$100⁰⁰

6 Contributor address;

City; State; Zip Code

2805 Alton Rd Fort Worth TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-10-17

Full name of contributor

☐ out-of-state PAC (ID#:

Linebarger Goggen Blair & Simpson LLP

Amount of contribution (\$)

\$1500⁰⁰

Contributor address;

City; State; Zip Code

P.O. Box 17428, Austin TX 78760

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-29-17

Full name of contributor

☐ out-of-state PAC (ID#:

Wesley and Shirley Turner

Amount of contribution (\$)

\$150⁰⁰

Contributor address;

City; State; Zip Code

2713 Colonial Pkwy Fort Worth TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-29-17

Full name of contributor

☐ out-of-state PAC (ID#:

Marvin J & Felice Girouard

Amount of contribution (\$)

\$50⁰⁰

Contributor address;

City; State; Zip Code

2433 Medford Cant East Fort Worth TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

519

2 FILER NAME

Angel R. Luebonos

3 Filer ID (Ethics Commission Filers)

4 Date

8-29-17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Martha V. Leonard

7 Amount of contribution (\$)

\$200

6 Contributor address;

City;

State;

Zip Code

1411 Shady Oaks Lane Fort Worth TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-29-17

Full name of contributor

☐ out-of-state PAC (ID#:

Paul E. Andrews Jr

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

700 Jenkins rd. Mcdot tx 76008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-29-17

Full name of contributor

☐ out-of-state PAC (ID#:

Gail Williamson Raul

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

4 Westover Rd Fort Worth TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-29-17

Full name of contributor

☐ out-of-state PAC (ID#:

Thomas A & Adelaide Brutton Leavens

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

3839 South Mills Circle Fort Worth TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

619

2 FILER NAME

Anael R. Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

8-29-17

5 Full name of contributor

☐ out-of-state PAC (ID#)

John M. Williams

7 Amount of contribution (\$)

\$ 25.00

6 Contributor address;

City;

State;

Zip Code

4737 LaFayette Ave. Fort Worth TX
76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-29-17

Full name of contributor

☐ out-of-state PAC (ID#)

Lucy Dorden

Amount of contribution (\$)

\$ 250.00

Contributor address;

City;

State;

Zip Code

2107 Spanish Trk Fort Worth
TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-29-17

Full name of contributor

☐ out-of-state PAC (ID#)

Karen Houn Bortow

Amount of contribution (\$)

\$ 100.00

Contributor address;

City;

State;

Zip Code

208 Rockwood Park Dr Fort Worth TX
76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-29-17

Full name of contributor

☐ out-of-state PAC (ID#)

David F Thornton SP

Amount of contribution (\$)

\$ 100.00

Contributor address;

City;

State;

Zip Code

P.O. Box 471609 Fort Worth TX
76147

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:

719

2 FILER NAME

Anael R. Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

8-29-17

5 Full name of contributor

Betsy Price Campaign

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

P.O. Box 100066 Fort Worth TX 76185

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8-29-17

Full name of contributor

Steve Murrin, Jr.

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

500 NE 23rd St Fort Worth TX 76164

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-29-17

Full name of contributor

William W. Meadows

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

121 Rivercrest Dr. Fort Worth TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-2-17

Full name of contributor

Rafael Anchra

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

1722 Routh St Suite 800 Dallas TX 75201

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:

8/9

2 FILER NAME

Anael R. Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

11-16-17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Jeff R. Davis

7 Amount of contribution (\$)

\$ 200⁰⁰

6 Contributor address; City; State; Zip Code

2325 Mistletoe Dr Fort Worth TX
76110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-16-17

Full name of contributor

☐ out-of-state PAC (ID#:

Sheila Brodemek Johnson

Amount of contribution (\$)

\$ 50⁰⁰

Contributor address; City; State; Zip Code

4636 Marley Ave Fort Worth TX
76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-16-17

Full name of contributor

☐ out-of-state PAC (ID#:

Rafael & Elizabeth Gorda

Amount of contribution (\$)

\$ 25⁰⁰

Contributor address; City; State; Zip Code

5321 Northcrest Rd. Fort Worth TX
76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-16-17

Full name of contributor

☐ out-of-state PAC (ID#:

Isabelle Brown Mulsey

Amount of contribution (\$)

\$ 100⁰⁰

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9/9

2 FILER NAME

Anael R Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

11-16-17

5 Full name of contributor

☐ out-of-state PAC (ID#:

R. Denny Alexander

7 Amount of contribution (\$)

\$100

6 Contributor address;

City; State; Zip Code

4200 S. Helen St Suite 617 Fort Worth TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-16-17

Full name of contributor

☐ out-of-state PAC (ID#:

Richard E Carol Minkor

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

2865 Manorwood Trail Fort Worth TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-16-17

Full name of contributor

☐ out-of-state PAC (ID#:

Sam Byron Mulsey

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

801 Milcrest St Fort Worth TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>1-2</u>		2 FILER NAME <u>Angel R. Luebanos</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>12-20-2017</u>		5 Payee name <u>Print Place</u>			
6 Amount (\$) <u>\$1029⁰⁰</u>		7 Payee address; City; State; Zip Code <u>1130 Avenue M.E. Arlington TX 76011</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		(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	
Date <u>12-17-2017</u>		Payee name <u>Rachel Delira</u>			
Amount (\$) <u>\$125⁰⁰</u>		Payee address; City; State; Zip Code <u>3208 Riverlakes Dr. Hurst Texas 76053</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Pictures</u>		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	
Date <u>11-14-2017</u>		Payee name <u>DeLeon Campaign Committee</u>			
Amount (\$) <u>\$ 50</u>		Payee address; City; State; Zip Code <u>P.O. Box 470743 Fort Worth TX 76147</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Donation</u>		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	

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: 212		2 FILER NAME Anael R Luebanos		3 Filer ID (Ethics Commission Filers)	
4 Date 10-05-2017		5 Payee name ANEDOT			
6 Amount (\$) 19.80		7 Payee address; City; State; Zip Code www.andedot.com			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(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	
Date 11-30-2017		Payee name Anael R Luebanos			
Amount (\$) 3500		Payee address; City; State; Zip Code 3321 Ryan Ave Fort Worth TX 76110			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/26/17		Payee name Wells Fargo Card Services			
Amount (\$) 2734.27		Payee address; City; State; Zip Code P.O. Box 51193 Los Angeles, CA 90051			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Anael R. Luebanos

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

05/10/2017

7 Name of lender

Anael R. Luebanos

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

5182.34

6 Is lender a financial Institution?
Y N

8 Lender address;

3321 Ryan Ave

City;

State;

Zip Code

Fort Worth

TX 76110

10 Interest rate

0

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 Check if personal funds were deposited into political account (See Instructions)

☐

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?
Y N

Lender address;

City;

State;

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account (See Instructions)

☐

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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