

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 / <u>MR</u> FIRST MI <u>Anael</u> <u>R</u> NICKNAME LAST SUFFIX <u>Luebanos</u>		OFFICE USE ONLY Date Received RECEIVED JUL 17 2017 Board of Education <i>by Laura Ritten</i> Date Hand-delivered or Date Postmarked 7-17-17
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>3321 Ryan Ave, Fort Worth, TX 76110</u> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(682) 597-6261</u>		
6 CAMPAIGN TREASURER NAME	MS / <u>MRS</u> / MR FIRST MI <u>Anahi</u> <u></u> NICKNAME LAST SUFFIX <u>Esparza-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	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input 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 checked="" 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>		
10 PERIOD COVERED	Month Day Year Month Day Year <u>4 / 27 / 2017</u> THROUGH <u>6 / 30 / 2017</u>		
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year <u>05 / 06 / 17</u> </div> <div style="flex: 1;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) <u>FWISD 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

☐ GENERAL

☐ SPECIFIC

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

\$ 0

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

\$ 8,030.⁰⁰

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 17,596.74

CONTRIBUTION
BALANCE

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

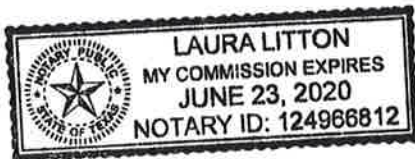
\$ 728.82

OUTSTANDING
LOAN TOTALS

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

\$ 11,682.⁰⁰

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 Luebanos, this the 17th day of July, 20 17, 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	\$ 8,030
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 8,682
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 17,596.74
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	\$ 2,734.27
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:

1/10

2 FILER NAME

Anael R Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

5/16/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Bradford S Barnes

6 Contributor address; City; State; Zip Code

PO Box 1978, Fort Worth, TX 76101

7 Amount of contribution (\$)

\$ 1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/23/17

Full name of contributor

☐ out-of-state PAC (ID#:

Pete Geren

Contributor address; City; State; Zip Code

1200 Washington Terrace, Fort Worth, TX 76107

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/22/17

Full name of contributor

☐ out-of-state PAC (ID#:

William W. Meadows

Contributor address; City; State; Zip Code

121 Rivercrest Dr, Fort Worth, TX 76107

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/23/17

Full name of contributor

☐ out-of-state PAC (ID#:

Antonio Morales

Contributor address; City; State; Zip Code

5551 Vega Dr, Fort Worth, TX 76133

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:

2/10

2 FILER NAME

Anael R. Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

5/22/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Katherine Bryant

6 Contributor address;

City; State; Zip Code

3608 Brighton Road, Fort Worth, TX 76104

7 Amount of contribution (\$)

100.⁰⁰

8 Principal occupation / Job title (See Instructions)

Admin

9 Employer (See Instructions)

TCU

Date

5/22/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Julie and Dick Abrams

Contributor address;

City; State; Zip Code

6145 Wedgwood Dr, Fort Worth, TX 76133

Amount of contribution (\$)

250.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/22/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Joseph Garcia

Contributor address;

City; State; Zip Code

605 Ambrose Dr, Pflugerville, TX 78660

Amount of contribution (\$)

250.⁰⁰

Principal occupation / Job title (See Instructions)

Civil Engineer

Employer (See Instructions)

Date

5/23/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ulises Salgado

Contributor address;

City; State; Zip Code

3822 E. Rosedale St, Fort Worth, TX 76105

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

Business Owner

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: 3/10
2 FILER NAME Anael R. Luebanos		3 Filer ID (Ethics Commission Filers)
4 Date 5/20/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade and Brook Barrow 6 Contributor address; City; State; Zip Code 2233 Harrison Ave, Fort Worth, TX 76110	7 Amount of contribution (\$) 30.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Sutherland Contributor address; City; State; Zip Code 4028 Aragon Dr, Fort Worth, TX 76133	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/25/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amabilia Reyes Contributor address; City; State; Zip Code 6424 Whitman Ave, Fort Worth, TX 76133	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/25/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph Mendoza Contributor address; City; State; Zip Code 901 Thomas Crossing Dr, Burleson, TX 76028	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:

4/10

2 FILER NAME

Anael R. Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

5/25/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Mary Ellen Hicks

6 Contributor address;

City; State; Zip Code

PO Box 19165, Fort Worth, TX 76119

7 Amount of contribution (\$)

100.⁰⁰

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

5/25/17

Full name of contributor

☐ out-of-state PAC (ID#:

Greg Saltzman

Contributor address;

City; State; Zip Code

3240 Wabash, Fort Worth, TX 76109

Amount of contribution (\$)

100.⁰⁰

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Southern Oak Consulting

Date

5/25/17

Full name of contributor

☐ out-of-state PAC (ID#:

Anna Alvarado

Contributor address;

City; State; Zip Code

2340 Medford Ct. W., Fort Worth, TX 76109

Amount of contribution (\$)

250.⁰⁰

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

FirstCash

Date

5/25/17

Full name of contributor

☐ out-of-state PAC (ID#:

Melissa Konur

Contributor address;

City; State; Zip Code

2342 Harrison Ave, Fort Worth, TX 76110

Amount of contribution (\$)

100.⁰⁰

Principal occupation / Job title (See Instructions)

Planning Director

Employer (See Instructions)

Downtown Fort Worth, Inc.

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: 5/10
2 FILER NAME Anael R. Luebanos		3 Filer ID (Ethics Commission Filers)
4 Date 5/25/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caroline M. Dulle 6 Contributor address; City; State; Zip Code 1217 Clover Ln, Fort Worth, TX 76107	7 Amount of contribution (\$) \$ 200.⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/25/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jody Sanders Contributor address; City; State; Zip Code 2533 Lubbock Ave, Fort Worth, TX 76109	Amount of contribution (\$) 50.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/25/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Smith Contributor address; City; State; Zip Code 600 8th Ave, Fort Worth, TX 76104	Amount of contribution (\$) 100.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/25/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Murrin Contributor address; City; State; Zip Code 500 NE 23rd St, Fort Worth, TX 76164	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:

6/10

2 FILER NAME

Anael R. Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

5/25/17

5 Full name of contributor

John Avila Jr.

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

2600 West 7th St Unit 1831, Fort Worth, TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/25/17

Full name of contributor

Samson Cantu

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

4413 Ledgeview Rd, Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/25/17

Full name of contributor

Rosa Navajar

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

2701 Calder Ct, Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/25/17

Full name of contributor

Abel Sanchez

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

1714 Western Ave, Fort Worth, TX 76107

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:

7/10

2 FILER NAME

Anael R. Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

5/25/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Rocio Martinez

6 Contributor address;

City; State; Zip Code

3525 Stuart Drive, Fort Worth, TX 76110

7 Amount of contribution (\$)

100.⁰⁰

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

5/25/17

Full name of contributor

☐ out-of-state PAC (ID#:

Richard Casarez

Contributor address;

City; State; Zip Code

6900 LaCantera Dr, Fort Worth, TX 76108

Amount of contribution (\$)

250.⁰⁰

Principal occupation / Job title (See Instructions)

Vice President

Employer (See Instructions)

Oncor

Date

6/24/17

Full name of contributor

☐ out-of-state PAC (ID#:

Eva Bonilla

Contributor address;

City; State; Zip Code

362 Foch Street, Fort Worth, TX 76107

Amount of contribution (\$)

100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/28/17

Full name of contributor

☐ out-of-state PAC (ID#:

Sandy Russell

Contributor address;

City; State; Zip Code

10532 Shadywood Dr, Fort Worth, TX 76140

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:

8/10

2 FILER NAME

Angel R. Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

5/25/17

5 Full name of contributor

Molly Hyry

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

4221 Blackhaw Ave, Fort Worth, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/31/17

Full name of contributor

Jaime and Melinda Martinez

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

6305 Greenway Rd, Fort Worth, TX 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/31/17

Full name of contributor

Jesse and JoLinda Martinez

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

4262 Cadiz Dr, Fort Worth, TX 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/31/17

Full name of contributor

Sonia Martinez

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

150.00

Contributor address;

City; State; Zip Code

1209 Rumfield Rd, Fort Worth, TX 76108

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:

9/10

2 FILER NAME

Anael R. Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

6/6/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

Philippe H. Arrighi

6 Contributor address;

City; State; Zip Code

3233 Lackland Rd Apt 14, Fort Worth, TX 76116

7 Amount of contribution (\$)

\$ 25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/6/17

Full name of contributor

☐ out-of-state PAC (ID#:

Phyllis Looney

Contributor address;

City; State; Zip Code

3233 Lackland Rd, Apt 14, Fort Worth, TX 76116

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/6/17

Full name of contributor

☐ out-of-state PAC (ID#:

Terry B. Thompson

Contributor address;

City; State; Zip Code

725 Woodland Ave, Fort Worth, TX 76110

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/5/17

Full name of contributor

☐ out-of-state PAC (ID#:

Linebarger Goggan Blair & Sampson, LLP

Contributor address;

City; State; Zip Code

PO Box 17428, Austin, TX 78760

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:

10/10

2 FILER NAME

Arnel R. Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

6/22/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

John B. Kleinheinz

6 Contributor address;

City; State; Zip Code

301 Commerce St, Ste 1900, Fort Worth, TX 76102

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/19/17

Full name of contributor

☐ out-of-state PAC (ID#:

Judy G. Needham

Contributor address;

City; State; Zip Code

6341 Klamath Rd, Fort Worth, TX 76116

Amount of contribution (\$)

300.00

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)

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.

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;">1/3</div>	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;">4/30/2017</div>	5 Payee name <div style="font-size: 1.2em;">Nieman Printing, Inc</div>	
6 Amount (\$) <div style="font-size: 1.2em;">2,015.69</div>	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">10615 Newkirk Suite 100, Dallas, TX 75220</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Printing 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
	<div style="display: flex; justify-content: space-between;"> <div>9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>	
Date <div style="font-size: 1.2em;">4/30/17</div>	Payee name <div style="font-size: 1.2em;">USPS</div>	
Amount (\$) <div style="font-size: 1.2em;">500.41</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;">Stamps</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;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>	
Date <div style="font-size: 1.2em;">4/30/17</div>	Payee name <div style="font-size: 1.2em;">BBVA</div>	
Amount (\$) <div style="font-size: 1.2em;">32.25</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;">Bank Fees</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;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>	

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

5/10/17

7 Name of lender

☐ out-of-state PAC (ID#: _____)

Anael R. Luebanos

9 Loan Amount (\$)

\$ 8,682

6 Is lender a financial Institution?

Y ☒ N

8 Lender address; City; State; Zip Code

3321 Ryan Ave, 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)

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If lender 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: 2/3		2 FILER NAME Anael R. Luebanos		3 Filer ID (Ethics Commission Filers)	
4 Date 5/12/17		5 Payee name Painter Communications Teleservices			
6 Amount (\$) 3,000.00		7 Payee address; City; State; Zip Code 4413 Northside Parkway, NW #146 Atlanta, GA 30327			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising 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	
Date 5/12/17		Payee name Campaign Canvassers			
Amount (\$) 1,510.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		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 5/12/17		Payee name Booker Industries			
Amount (\$) 4,161.88		Payee address; City; State; Zip Code 2344 Farrington Dallas, TX 75207			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising 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	

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: 3/3		2 FILER NAME Anael R. Luebanos		3 Filer ID (Ethics Commission Filers)	
4 Date 6/24/17		5 Payee name Wells Fargo Card Services			
6 Amount (\$) 6,270.⁰⁰		7 Payee address; City; State; Zip Code PO Box 51193 Los Angeles, CA 90051			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(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 6/26/17		Payee name ANEDOT			
Amount (\$) 106.51		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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <div style="text-align: center; font-size: 24pt;">1</div>	2 FILER NAME <div style="font-size: 18pt;">Anael R. Luebanas</div>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <div style="font-size: 18pt;">5/2/17</div>	6 Payee name <div style="font-size: 18pt;">Print Place</div>	
7 Amount (\$) <div style="font-size: 18pt;">2,734.27</div>	8 Payee address; City; State; Zip Code <div style="font-size: 18pt;">1130 Avenue H.E. Arlington, TX 76011</div>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 18pt;">Printing 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
11 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		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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			

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