

# 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>	<b>OFFICE USE ONLY</b> Date Received <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">APR 28 2017</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">Board of Education</div> Date <u>Hand-delivered</u> or Date Postmarked <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">4-28-17</div> Receipt # Amount \$ Date Processed <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">4-28-17</div> Date Imaged <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">4-28-17</div>	
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>Font 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 FIRST MI <u>Anahi</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 Font Worth TX 76110</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817) 366-1214</u>		
9 REPORT TYPE	<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) <input type="checkbox"/> July 15 <input checked="" 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>4 / 7 / 2017</u> THROUGH <u>4 / 26 / 2017</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>5 / 6 / 17</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>FWISD School Board</u> <u>Trustee District 8</u>	

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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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	<u>The United Educators Association Good Schools PAC</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>4900 SE Loop 820 # 200, Fort Worth TX 76140</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>Rose Elliott</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>4900 SE Loop 820 # 200 Fort Worth TX 76140</u>


Additional Pages

<b>17</b> 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)	\$ <u>2,912.93</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6,024.15</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,613.56</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>3,000<sup>00</sup></u>

**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 28<sup>th</sup> day of April, 2017, to certify which, witness my hand and seal of office.

Laura Litton Laura Litton Board Asst.  
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**

<b>19 FILER NAME</b> <i>Anael R. Luebanos</i>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2,850</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>62.93</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>-0-</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>-0-</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$ <i>6,024.15</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>-0-</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>-0-</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>-0-</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>-0-</i>

# 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

4-18-17

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Caroline M. Dulle

7 Amount of contribution (\$)

\$ 200<sup>00</sup>

6 Contributor address; City; State; Zip Code

1217 Clover Ln. Fort Worth TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-18-17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Tarrant County Stonewall Democrats

Amount of contribution (\$)

\$ 300<sup>00</sup>

Contributor address; City; State; Zip Code

7016 Hawaii Ln. Arlington TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-15-2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Charles Little

Amount of contribution (\$)

\$ 100<sup>00</sup>

Contributor address; City; State; Zip Code

2514 Elm Hill Pike Nashville, TN 37214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-20-2017

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Gil Hernandez

Amount of contribution (\$)

\$ 500<sup>00</sup>

Contributor address; City; State; Zip Code

P.O. BOX 470868 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:

2 FILER NAME

Anael R. Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

4-13-17

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Lei Testa

7 Amount of contribution (\$)

\$ 100<sup>00</sup>

6 Contributor address; City; State; Zip Code

3605 Rogers Ave Font Worth TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-20-17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Elizabeth Beck

Amount of contribution (\$)

\$ 50<sup>00</sup>

Contributor address; City; State; Zip Code

2717 Ryan Ave Font Worth TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-20-17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jason Smith

Amount of contribution (\$)

\$ 75<sup>00</sup>

Contributor address; City; State; Zip Code

2200 Alston Ave Font Worth TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-20-17

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Dan Villegas

Amount of contribution (\$)

\$ 25<sup>00</sup>

Contributor address; City; State; Zip Code

1413 Cairn Circle Font Worth TX 76134

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 <b>4-20-17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DeLeon Campaign Committee</b>	7 Amount of contribution (\$) <b>\$ 100<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 470743 Fort Worth Texas 76147</b>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <b>4-20-17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steven Ray Poole</b>	Amount of contribution (\$) <b>\$ 250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3612 W 5<sup>th</sup> St Fort Worth TX 76107</b>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>4-20-17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Anna Alvarado</b>	Amount of contribution (\$) <b>\$ 100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3809 Westcliff Rd. Fort Worth TX 76109</b>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>4-23-17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Avila Jr.</b>	Amount of contribution (\$) <b>\$ 1,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2600 West 7<sup>th</sup> St. Fort Worth TX Unit 1831 76107</b>		

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

4-25-17

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Shawn Cowdin

7 Amount of contribution (\$)

\$ 50<sup>00</sup>

6 Contributor address; City; State; Zip Code

5016 Cockrell Ave Font worth TX 76133

8 Principal occupation / Job title (See Instructions)

9 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)

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)

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.

# 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 <i>Anael R. Luebanos</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>4-20-17</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edward Perkins</i>	8 Amount of Contribution \$ <i>\$62.93</i>	9 In-kind contribution description <i>Food for event.</i>
7 Contributor address; City; State; Zip Code <i>16524 Cowboy Tr Font Worth TX 76247</i>		<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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<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.



# 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.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME Anael R. Luebanos	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date 04-12-17	<b>6</b> Payee name Print Place	
<b>7</b> Amount (\$) \$ 2,781.39	<b>8</b> Payee address; City; State; Zip Code 1130 Avenue H.E. Arlington TX 76011	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 04-20-17	Payee name Print Place	
Amount (\$) \$ 2,011.03	Payee address; City; State; Zip Code 1130 Ave. H.E. Arlington TX 76011	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME <i>Anael R. Luebanos</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <i>04-25-17</i>	<b>6</b> Payee name <i>Print Place</i>	
<b>7</b> Amount (\$) <i>\$ 1231.73</i>	<b>8</b> Payee address; City; State; Zip Code <i>1130 Avenue N.E Arlington TX 76011</i>	
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED