

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS <input checked="" type="checkbox"/> FIRST LAST MI SUFFIX			
		MS / MRS <input checked="" type="checkbox"/> FIRST LAST MI SUFFIX Nickname: <u>Anael</u> LAST: <u>Luebanos</u> SUFFIX: <u>R.</u>		RECEIVED APR 07 2017 Board of Education Received by <u>Laura Litton</u>	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date <u>Hand-delivered</u> or Date Postmarked <u>4-7-17</u>	
5 ORIGINAL PERIOD COVERED		Month Day Year    THROUGH    Month Day Year <u>2 / 17 / 2017</u> THROUGH <u>4 / 6 / 2017</u>		Receipt #    Amount \$ Date Processed <u>4-7-17</u> Date Imaged <u>4-7-17</u>	

6 EXPLANATION OF CORRECTION

Additional Information

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

**Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

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 7<sup>th</sup> day of April, 2017, 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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / <u>MR</u>	FIRST <b>Anael</b>	MI <b>R.</b>
	NICKNAME	LAST <b>Luebanos</b>	SUFFIX
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE
	<b>3321 RYAN Ave Font Worth TX 76110</b>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(682) 547-6261</b>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST <b>Anahi</b>	MI
	NICKNAME	LAST <b>Esparrza-Luebanos</b>	SUFFIX
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY;	STATE; ZIP CODE
	<b>3321 RYAN Ave Font Worth TX 76110</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(817) 366-1214</b>		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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)		
<b>10 PERIOD COVERED</b>	Month	Day	Year
	<b>2 / 17 / 2017</b>		
<b>11 ELECTION</b>	ELECTION DATE	ELECTION TYPE	
	Month Day Year <b>05 / 06 / 17</b>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>	
		<b>FWISD School Board Trustee District 8</b>	

**OFFICE USE ONLY**

Date Received

RECEIVED

APR 07 2017

Board of Education

Received by  
Janina Altier

---

Date Hand-delivered or Date Postmarked  
**4-7-17**

Receipt #	Amount \$

Date Processed  
**4-7-17**

Date Imaged  
**4-7-17**

**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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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)	\$ 5,470
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,931.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,963.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,000

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 7<sup>th</sup> day of April, 20 17, to certify which, witness my hand and seal of office.

Laura Hitton

Signature of officer administering oath

Laura Hitton

Printed name of officer administering oath

Board Asst.

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 NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5,045</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>425</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>-0-</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>3,000</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3,081.44</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>-0-</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0-</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>4849.61</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

2-28-17

5 Full name of contributor

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

Steven Ray Poole

7 Amount of contribution (\$)

\$ 2000<sup>00</sup>

6 Contributor address;

3612 W. 5th St. Fort Worth TX  
76107

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-29-17

Full name of contributor

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

Terry Thompson

Amount of contribution (\$)

\$ 50<sup>00</sup>

Contributor address;

725 Woodland Fort Worth TX  
76110

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-23-17

Full name of contributor

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

Sergio De Leon

Amount of contribution (\$)

\$ 200<sup>00</sup>

Contributor address;

4521 Draz Ave Fort Worth TX  
76107

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-24-17

Full name of contributor

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

Nick Castillo

Amount of contribution (\$)

\$ 20<sup>00</sup>

Contributor address;

1000 Boyce Fort Worth TX 76115

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:
2 FILER NAME <b>Anael R. Luebanos</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-30-17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Garry Coufal</b>	7 Amount of contribution (\$) <b>\$ 500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>904 Peach Ln Burleson TX 76028</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3-30-17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Irasema Garcia</b>	Amount of contribution (\$) <b>\$ 250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3216 E 1<sup>st</sup> St Fort Worth TX 76111</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-30-17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jafer F. Minojosa</b>	Amount of contribution (\$) <b>\$ 500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>2713 Mercedes Ave Fort Worth TX 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-30-17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Eduardo Reyes</b>	Amount of contribution (\$) <b>\$ 40<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>3320 Pinehurst trail Apt 279 Fort Worth TX 76137</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

3-30-17

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

Alex Jimenez

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

245 Willow Ridge Fort Worth TX 76103

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-30-17

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

Jason Smith

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

600 8th Ave Fort Worth TX 76104

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-30-17

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

Antonio Menososa

Amount of contribution (\$)

\$300.00

Contributor address; City; State; Zip Code

2719 Mercedes Ave. Fort Worth TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-30-17

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

Laura Little

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

P.O. Box 470504 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

3-30-17

5 Full name of contributor

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

Jeffrey Whitfield

7 Amount of contribution (\$)

\$ 50<sup>00</sup>

6 Contributor address;

2020 Genco Ter.

City; State; Zip Code

Fort Worth TX  
76110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-30-17

Full name of contributor

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

Jesse P. Martinez

Amount of contribution (\$)

\$ 100<sup>00</sup>

Contributor address;

4262 Cadiz

City; State; Zip Code

Fort Worth TX  
76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-30-17

Full name of contributor

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

Steve Martin

Amount of contribution (\$)

\$ 250<sup>00</sup>

Contributor address;

500 NE 23rd St

City; State; Zip Code

Fort Worth TX  
76106

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-30-17

Full name of contributor

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

Cathy Norman

Amount of contribution (\$)

\$ 25<sup>00</sup>

Contributor address;

1100 Oak Grove Rd

City; State; Zip Code

Fort Worth TX 76088

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 <b>Anael R. Luebanos</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-30-17</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nicole Van Toorn</b> 6 Contributor address; City; State; Zip Code <b>4012 El Campo Ave Font Worth TX 76107</b>	7 Amount of contribution (\$) <b>\$ 250<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3-30-17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Padilla</b> Contributor address; City; State; Zip Code <b>2405 Emily Dr FW, TX 76112</b>	Amount of contribution (\$) <b>40.<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-30-17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Edward Perkins</b> Contributor address; City; State; Zip Code <b>16524 Cowboy Trl FW, TX 76247</b>	Amount of contribution (\$) <b>20.<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 <b>Anael R. Luebanos</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>3-30-17</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rosario Villalpando</b>	8 Amount of Contribution \$ <b>\$425<sup>00</sup></b>	9 In-kind contribution description <b>Food for Event</b>
7 Contributor address; City; State; Zip Code <b>1505 Cienegas Cr Fort Worth TX 76112</b>		<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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <b>Anael R Luebanos</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>3-16-17</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Anael R. Luebanos</b>	9 Loan Amount (\$) <b>\$3,000<sup>00</sup></b>
6 Is lender a financial institution? <b>Y</b> <input checked="" type="radio"/> <input type="radio"/> N	8 Lender address; City; State; Zip Code <b>3321 RYAN AVE Fort Worth TX</b>	10 Interest rate <b>0%</b>
		11 Maturity date <b>N/A</b>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

  

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? <b>Y</b> <input type="radio"/> <input checked="" type="radio"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.

# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Anael R. Luebanos	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3-5-17	<b>5</b> Payee name Panther P.R.	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 11986 Fort Worth TX 76110	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Website	<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3-6-17	Payee name Tarrant County Voter Registration	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 2700 Premier St. Fort Worth TX 76111	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) District MAPS	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3-11-17	Payee name FedEx Office	
Amount (\$) \$41.44	Payee address; City; State; Zip Code 6020 Camp Bowie Blvd Fort Worth TX 76116	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> 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                        | 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Anael R. Luebanos	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3-24-17	<b>5</b> Payee name Panther P.R.	
<b>6</b> Amount (\$) \$2,500	<b>7</b> Payee address; City; State; Zip Code P.O. Box 11986 Fort Worth TX 76110	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<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>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Candidate / Officeholder name	
Payee name	Office sought	Office held
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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	
Date	Candidate / Officeholder name	
Payee name	Office sought	Office held
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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	
Date	Candidate / Officeholder name	
Payee name	Office sought	Office held
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|                                                                               | Legal Services                | Salaries/Wages/Contract Labor  | 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 03-01-2017	<b>6</b> Payee name Edwards and Patterson Signs	
<b>7</b> Amount (\$) 2002.63	<b>8</b> Payee address; City; State; Zip Code 4733 Don Dr. Dallas TX 75247	
<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) Signs	<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 03-07-2017	Payee name Edwards and Patterson Signs	
Amount (\$) 2846.98	Payee address; City; State; Zip Code 4733 Don Dr. Dallas tx 75247	
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**