

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: <u>Anael</u> MI: <u>R</u> NICKNAME: LAST: SUFFIX: <u>Luebanos</u>	OFFICE USE ONLY 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 06 2017</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">Board of Education</div> <div style="text-align: right; color: blue; font-style: italic; font-size: 0.8em;">Received by Diana Oltun</div> Date Hand-delivered or Date Postmarked: <u>4-6-17</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 Fort Worth TX 76110</u>	Receipt # Amount \$ Date Processed: <u>4-6-17</u> Date Imaged: <u>4-6-17</u>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(682) 597-6261</u>	6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST: MI: NICKNAME: LAST: SUFFIX: <u>Anah;</u> <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	<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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>2 / 17 / 2017</u> <u>4 / 6 / 2017</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>05 / 06 / 17</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>FWISD School Board Trustee District 8</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.


<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)	\$ 4985
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	\$ 9,834.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,000 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 R. Luebanos, this the 6th day of April, 20 17, 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

19 FILER NAME

Anael R. Luebenos

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$
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	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME **Anael R. Luebanos** 3 Filer ID (Ethics Commission Filers)

4 Date 2-28-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Ray Poole	7 Amount of contribution (\$) \$ 2,000⁰⁰
6 Contributor address; City; State; Zip Code 3612 W. 5th St. Fort Worth TX 76107		

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

Date 2-29-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Thompson	Amount of contribution (\$) \$ 50⁰⁰
Contributor address; City; State; Zip Code 785 Woodland Fort Worth TX 76110		

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

Date 3-23-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sergio De Leon	Amount of contribution (\$) \$ 200⁰⁰
Contributor address; City; State; Zip Code 41521 Draz Ave Fort Worth TX 76107		

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

Date 3-24-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nick Castillo	Amount of contribution (\$) \$ 20⁰⁰
Contributor address; City; State; Zip Code 1100 Boyce Fort Worth TX 76115		

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#: _____)

Garry Coufal

7 Amount of contribution (\$)

\$ 500⁰⁰

6 Contributor address; City; State; Zip Code

904 Peach Ln Burleson TX 76028

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-30-17

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

Irasema Garcia

Amount of contribution (\$)

\$ 250⁰⁰

Contributor address; City; State; Zip Code

3216 E 1st St Fort Worth TX 76111

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-30-17

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

Javier F. Hinojosa

Amount of contribution (\$)

\$ 500⁰⁰

Contributor address; City; State; Zip Code

2713 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#: _____)

Eduardo Reyes

Amount of contribution (\$)

\$ 40⁰⁰

Contributor address; City; State; Zip Code

3320 Pinehurst trail Apt 279 Fort Worth TX 76137

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Alex Jimenez	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 245 Willow Ridge Font Worth TX 76103		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-30-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Smith	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 600 8th Ave Font Worth TX 76104		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-30-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonio Menososa	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code 2719 Mercedes Ave. Font Worth TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-30-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Little	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code P.O. Box 470504 Font 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 (\$)

\$ 50⁰⁰

6 Contributor address; City; State; Zip Code

2020 Genco Ter. 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 (\$)

\$ 100⁰⁰

Contributor address; City; State; Zip Code

4262 Cadiz 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 Murrin

Amount of contribution (\$)

\$ 250⁰⁰

Contributor address; City; State; Zip Code

500 NE 23rd St. 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 (\$)

\$ 25⁰⁰

Contributor address; City; State; Zip Code

11100 Oak Grove Rd 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

Anael R. Luebanos

3 Filer ID (Ethics Commission Filers)

4 Date

3-30-17

5 Full name of contributor

out-of-state PAC (ID#: _____)

Nicole Van Toorn

7 Amount of contribution (\$)

\$ 250⁰⁰

6 Contributor address;

City; State; Zip Code

4012 El Campo Ave Fort Worth TX 76107

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 Anael R. Leebanos		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 3-30-17	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosario Villalpando	8 Amount of Contribution \$ \$425⁰⁰	9 In-kind contribution description Food for Event
7 Contributor address; City; State; Zip Code 1505 Cienegas Cr Fort Worth TX 76117		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 3-10-17	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Anael R. Luebanos	9 Loan Amount (\$) \$3,000⁰⁰
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 3321 RYAN AVE Fort Worth TX	10 Interest rate 0%
		11 Maturity date N/A
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? Y 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	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: 2 FILER NAME **Anael R. Luebanos** 3 Filer ID (Ethics Commission Filers)

4 Date **3-5-17** 5 Payee name **Panther P.R.**

6 Amount (\$) **\$500.00** 7 Payee address; City; State; Zip Code **P.O. Box 11986 Fort Worth TX 76110**

8 **PURPOSE OF EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) **Website** (b) Description Check if travel outside of Texas. Complete Schedule T. 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 **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**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **District MAPS** Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY 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**

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Printing** Description Check if travel outside of Texas. Complete Schedule T. 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

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 FILER NAME <i>Anael R. Luebanos</i>	3 Filer ID (Ethics Commission Filers)			
4 Date <i>3-23-17</i>	5 Payee name <i>Panther P. R.</i>				
6 Amount (\$) <i>\$2500⁰⁰</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 11986 Fort Worth TX 76110</i>				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:25%; border:none; text-align:center;">Office sought</td> <td style="width:25%; border:none; text-align:center;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 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			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:25%; border:none; text-align:center;">Office sought</td> <td style="width:25%; border:none; text-align:center;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 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			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none; text-align:center;">Candidate / Officeholder name</td> <td style="width:25%; border:none; text-align:center;">Office sought</td> <td style="width:25%; border:none; text-align:center;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 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:	2 FILER NAME Arael R. Luebanos	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 3-1-2017	6 Payee name Edwards & Patterson Signs
---------------------------	--

7 Amount (\$) \$4,849.61	8 Payee address; City; State; Zip Code 4733 Don Dr. Dallas TX 75247
------------------------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Signs	(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
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED