

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,758.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 71,014.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Anael Luebanos this the 15th day of July, 2025, to certify which, witness my hand and seal of office.

Veronica Ramirez Veronica Ramirez Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 23,000.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,441.13
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,758.38
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Anael R Luebanos		3 Filer ID (Ethics Commission Filers)
4 Date 01/18/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Greg Bird 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Kenneth Barr Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2025	Full name of contributor out-of-state PAC (ID#: _____) Adelaide Leavens Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/20/2025	Full name of contributor out-of-state PAC (ID#: _____) Al Micallef Contributor address; City; State; Zip Code Weatherford, TX 76086	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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Anael R Luebanos		3 Filer ID (Ethics Commission Filers)
4 Date 01/20/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Rosa Navejar 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/22/2025	Full name of contributor out-of-state PAC (ID#: _____) Marianne Auld Contributor address; City; State; Zip Code Fort Worth, TX 76102	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2025	Full name of contributor out-of-state PAC (ID#: _____) Wesley Turner Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Dick Abrams Contributor address; City; State; Zip Code Fort Worth, TX 76116	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Anael R Luebanos		3 Filer ID (Ethics Commission Filers)
4 Date 01/29/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Dee Kelly Jr. ----- 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/29/2025	Full name of contributor out-of-state PAC (ID#: _____) William Lovelace ----- Contributor address; City; State; Zip Code Fort Worth, TX 76110	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/29/2025	Full name of contributor out-of-state PAC (ID#: _____) Sergio DeLeon ----- Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/29/2025	Full name of contributor out-of-state PAC (ID#: _____) Tobi Jackson ----- Contributor address; City; State; Zip Code Fort Worth, TX 76112	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Anael R Luebanos		3 Filer ID (Ethics Commission Filers)
4 Date 01/29/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Rocio Martinez 6 Contributor address; City; State; Zip Code Fort Worth, TX 76110	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/29/2025	Full name of contributor out-of-state PAC (ID#: _____) Steven Poole Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/29/2025	Full name of contributor out-of-state PAC (ID#: _____) William Meadows Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/30/2025	Full name of contributor out-of-state PAC (ID#: _____) Alan Hegi Contributor address; City; State; Zip Code Fort Worth, TX 76110	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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Anael R Luebanos		3 Filer ID (Ethics Commission Filers)
4 Date 01/30/2025	5 Full name of contributor out-of-state PAC (ID#: _____) O'Hanlon, Demerath & Castillo	2,000.00
	6 Contributor address; City; State; Zip Code Pharr, TX 78577	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/07/2025	Full name of contributor out-of-state PAC (ID#: _____) Good Government Fund	1,000.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76102	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Pat Monaghan	100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76108	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/26/2025	Full name of contributor out-of-state PAC (ID#: _____) Richard Casarez	100.00
	Contributor address; City; State; Zip Code 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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Anael R Luebanos		3 Filer ID (Ethics Commission Filers)
4 Date 02/27/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson LLP 6 Contributor address; City; State; Zip Code Austin, TX 78760	7 Amount of contribution (\$) 2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/27/2025	Full name of contributor out-of-state PAC (ID#: _____) Ulises Salgado Contributor address; City; State; Zip Code Fort Worth, TX 76105	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2025	Full name of contributor out-of-state PAC (ID#: _____) Samson Cantu Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2025	Full name of contributor out-of-state PAC (ID#: _____) Nellie Villalpando Contributor address; City; State; Zip Code Fort Worth, TX 76105	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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Anael R Luebanos		3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Jonathan Rivera	7 Amount of contribution (\$) 500.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76105	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/03/2025	Full name of contributor out-of-state PAC (ID#: _____) Edwin Hinojosa	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76105	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/06/2025	Full name of contributor out-of-state PAC (ID#: _____) Great Schools, Great City Pac	Amount of contribution (\$) 1,000.00
	Contributor address; City; State; Zip Code Fort Worh, TX 76116	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/07/2025	Full name of contributor out-of-state PAC (ID#: _____) For The Children PAC	Amount of contribution (\$) 2,000.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76102	
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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Anael R Luebanos		3 Filer ID (Ethics Commission Filers)
4 Date 03/07/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Pete Geren	7 Amount of contribution (\$) 1,000.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76107	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/11/2025	Full name of contributor out-of-state PAC (ID#: _____) Eric Fox	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76109	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2025	Full name of contributor out-of-state PAC (ID#: _____) Christy Coffey	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76109	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2025	Full name of contributor out-of-state PAC (ID#: _____) Miguel Huerta	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76105	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Anael R Luebanos		3 Filer ID (Ethics Commission Filers)
4 Date 04/05/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Anne Darr	7 Amount of contribution (\$) 50.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76109	
8 Principal occupation / Job title (See Instructions)		9 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)
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Anael R Luebanos		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 2,441.13	
5 Date 01/29/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Hart & Hallman 7 Contributor address; City; State; Zip Code Fort Worth, Texas 76102	8 Amount of Contribution \$ 2,441.13	9 In-kind contribution description Event Expense
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
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)			

Check if travel outside of Texas. Complete Schedule T.

Check if travel outside of Texas. Complete Schedule T.

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

If the requested information is not applicable, **DO NOT** include this page in the report.

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: 1	2 FILER NAME Anael R Luebanos	3 Filer ID (Ethics Commission Filers)
4 Date 01/29/2025	5 Payee name Fedex Office	
6 Amount (\$) 94.71	7 Payee address; City; State; Zip Code www.fedex.com	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. 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 01/29/2025	Payee name Kelly Hart & Hallman	
Amount (\$) 2,441.13	Payee address; City; State; Zip Code Fort Worth, Texas 76102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Reimbursement for event expense
	Check if travel outside of Texas. Complete Schedule T. 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 01/31/2025	Payee name Arlington Heights FFA Alumni & Friends	
Amount (\$) 500.00	Payee address; City; State; Zip Code Fort Worth, Texas	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sponsorship
	Check if travel outside of Texas. Complete Schedule T. 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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	2 FILER NAME Anael R Luebanos	3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2025	5 Payee name Edward and Patterson	
6 Amount (\$) 2,236.85	7 Payee address; City; State; Zip Code www.edwardsandpattersonsigns.com	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Road Signs
	(c) Check if travel outside of Texas. Complete Schedule T. 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 03/06/2025	Payee name Elizabeth Beck	
Amount (\$) 500.00	Payee address; City; State; Zip Code www.elizabethfortworth.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description
	Check if travel outside of Texas. Complete Schedule T. 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 04/04/2025	Payee name Anedot	
Amount (\$) 286.10	Payee address; City; State; Zip Code www.anedot.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Credit Card Fees
	Check if travel outside of Texas. Complete Schedule T. 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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: 3	2 FILER NAME Anael R Luebanos	3 Filer ID (Ethics Commission Filers)
4 Date 04/09/2025	5 Payee name Taco Cabana	
6 Amount (\$) 299.85	7 Payee address; City; State; Zip Code www.tacocabana.com	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Breakfast for Bus Drivers
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 04/15/2025	Payee name Protect and Serve Texas Pac	
Amount (\$) 2,500.00	Payee address; City; State; Zip Code Austin, Texas 78767	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 04/21/2025	Payee name John Biggan	
Amount (\$) 150.00	Payee address; City; State; Zip Code www.johnbiggan.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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: 4	2 FILER NAME Anael R Luebanos	3 Filer ID (Ethics Commission Filers)
4 Date 05/07/2025	5 Payee name Taco Cabana	
6 Amount (\$) 865.57	7 Payee address; City; State; Zip Code www.tacocabana.com	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Breakfast for Teachers
	(c) Check if travel outside of Texas. Complete Schedule T. 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 05/08/2025	Payee name Taco Cabana	
Amount (\$) 474.25	Payee address; City; State; Zip Code www.tacocabana.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Breakfast for Teachers
	Check if travel outside of Texas. Complete Schedule T. 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 05/15/2025	Payee name MACE	
Amount (\$) 250.00	Payee address; City; State; Zip Code www.maceonline.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Scholarship Fund
	Check if travel outside of Texas. Complete Schedule T. 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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: 5	2 FILER NAME Anael R Luebanos	3 Filer ID (Ethics Commission Filers)
4 Date 06/11/2025	5 Payee name Taco Cabana	
6 Amount (\$) 159.92	7 Payee address; City; State; Zip Code www.tacocabana.com	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Breakfast for Teachers
	(c) Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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
	Check if travel outside of Texas. Complete Schedule T. 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