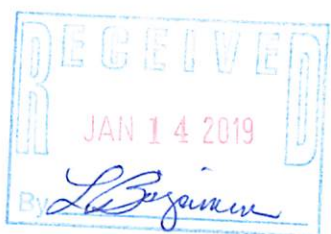


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <b>14</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. David A NICKNAME LAST SUFFIX Wilbanks		<b>OFFICE USE ONLY</b> Date Received  Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3711 Astoria Dr. Arlington TX 76013 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 458-8514		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. R. Tom NICKNAME LAST SUFFIX Cravens		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 501 South Fielder Rd Arlington TX 76013 (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 261-8954		
9 REPORT TYPE	<input checked="" 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 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 9 / 21 / 18    THROUGH    1 / 14 / 19		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 / 4 / 19 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)    13 OFFICE SOUGHT (if known) <del>Trustee, Arlington ISD</del> Trustee, Arlington ISD <del>Place 4</del> Place 4		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME David A. Wilbanks 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

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

\$ 6,372.00

EXPENDITURE TOTALS

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

\$ Itemized

4. TOTAL POLITICAL EXPENDITURES

\$ 455.97

CONTRIBUTION BALANCE

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

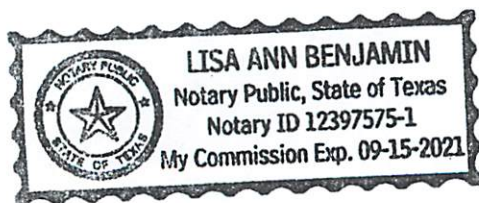
\$ 8,092.00 ~~11,892.00~~ *mw*

OUTSTANDING LOAN TOTALS

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

\$ 120.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*David A. Wilbanks*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said David A. Wilbanks, this the 14<sup>th</sup> day of January, 20 19, to certify which, witness my hand and seal of office.

*Lisa Ann Benjamin*  
Signature of officer administering oath

Lisa Ann Benjamin  
Printed name of officer administering oath

Admin Asst to Supt.  
Title of officer administering oath

# SUBTOTALS - C/OH

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

19 FILER NAME <b>David A. Wilbanks</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <b>5,800.00</b>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <b>572.00</b>
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <b>1,600.00</b>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <b>120.00</b>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>141.63</b>
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <b>314.34</b>
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.		<b>1</b> Total pages Schedule A1: <u>4</u> (18F4)
<b>2</b> FILER NAME <u>David A. Willbanks</u>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>12-10-18</u> <u>12/10/18</u>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mark Coker</u> <b>6</b> Contributor address; City; State; Zip Code <u>[REDACTED] Los Gatos, CA 95023</u>	<b>7</b> Amount of contribution (\$) <u>\$250.00</u>
<b>8</b> Principal occupation / Job title (See Instructions) <u>Book Publishing</u>		<b>9</b> Employer (See Instructions) <u>Smash words</u>
<b>Date</b> <u>12-11-18</u>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Benjamin Odom</u> <b>Contributor address; City; State; Zip Code</b> <u>[REDACTED] Norman, OK 73072</u>	<b>Amount of contribution (\$)</b> <u>\$2,500.00</u>
<b>Principal occupation / Job title (See Instructions)</b> <u>Attorney</u>		<b>Employer (See Instructions)</b> <u>Odom Sparks</u>
<b>Date</b> <u>12-18-18</u>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Don Duke</u> <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b> <u>\$100.00</u>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <u>12-19-18</u>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>David Jackson</u> <b>Contributor address; City; State; Zip Code</b> <u>Arlington TX 76012</u>	<b>Amount of contribution (\$)</b> <u>\$350.00</u>
<b>Principal occupation / Job title (See Instructions)</b> <u>Retired</u>		<b>Employer (See Instructions)</b> <u>Retired</u>
<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.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1: (2 of 4) <span style="float: right; font-size: 1.5em;">4</span>
<b>2</b> FILER NAME David A. Wilbanks		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12-31-18	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Peterson <b>6</b> Contributor address; City; State; Zip Code	<b>7</b> Amount of contribution (\$) \$250. <sup>00</sup> / <sub>100</sub>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12-31-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erich Haessler Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100. <sup>00</sup> / <sub>100</sub>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-02-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Lyster Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100. <sup>00</sup> / <sub>100</sub>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-03-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Brooks Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100. <sup>00</sup> / <sub>100</sub>
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.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

(384)

4

2 FILER NAME

David W. Banks

3 Filer ID (Ethics Commission Filers)

4 Date

1-9-19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amy Wade

6 Contributor address;

City; State; Zip Code

7 Amount of contribution (\$)

\$ 500.<sup>00</sup>/<sub>100</sub>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-9-19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Justin Chapu

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$ 500.<sup>00</sup>/<sub>100</sub>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-19-18

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Peter Scott

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$ 100.<sup>00</sup>/<sub>100</sub>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-10-18

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Linda K. Dipert

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

\$ 250.<sup>00</sup>/<sub>100</sub>

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.		<b>1</b> Total pages Schedule A1: <u>4</u> (4 of 4)
<b>2</b> FILER NAME <u>David A. Wilbanks</u>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>1-10-19</u>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dan Dipert</u> <b>6</b> Contributor address; City; State; Zip Code <u>[REDACTED] Arlington TX 76013</u>	<b>7</b> Amount of contribution (\$) <u>\$250.00</u>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> <u>1-13-19</u>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Cathey Wise</u> <b>Contributor address; City; State; Zip Code</b> <u>[REDACTED] Arlington TX 76011</u>	<b>Amount of contribution (\$)</b> <u>\$250.00</u>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <u>1-14-19</u>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jamie Sullins</u> <b>Contributor address; City; State; Zip Code</b> <u>[REDACTED] Austin TX 78739</u>	<b>Amount of contribution (\$)</b> <u>\$200.00</u>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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: <u>1</u>	
2 FILER NAME <u>David A. Wilbanks</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>572.00</u>	
5 Date <u>10-17-18</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Beyond The Blue Studios</u>	8 Amount of Contribution \$ <u>\$572.00</u>	9 In-kind contribution description <u>Campaign Photos</u>
7 Contributor address; City; State; Zip Code <u>Arlington TX 76010</u>		<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.**



# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: (1 of 2) 2	
2 FILER NAME David Wilbanks		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES \$1,600.00			
5 Date 12-31-18	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Laura Jones 7 Pledgor address; City; State; Zip Code Gordon TX 76453	8 Amount of Pledge \$ 250.00	9 In-kind contribution description
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date 1-10-19	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Dr. Aaron Reich Pledgor address; City; State; Zip Code Arlington TX 76012	Amount of Pledge \$ 200.00	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1-13-19	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Kelly Curnutt Pledgor address; City; State; Zip Code Arlington TX 76013	Amount of Pledge \$ 500.00	In-kind contribution description
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Curnutt Hafer	
Date 1-13-19	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: John Hibbs Pledgor address; City; State; Zip Code Arlington TX 76016	Amount of Pledge \$ 150.00	In-kind contribution description
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.

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <span style="font-size: 1.5em;">(202)</span> <span style="font-size: 2em;">2</span>	
2 FILER NAME <span style="font-size: 1.5em;">David A. Wilbanks</span>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date <span style="font-size: 1.5em;">1-13-19</span>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <span style="font-size: 1.5em;">Glenn &amp; Cathy Wise</span>	8 Amount of Pledge \$ <span style="font-size: 1.5em;">\$250.00</span>	9 In-kind contribution description <span style="font-size: 1.5em;">[Signature]</span>
7 Pledgor address; City; State; Zip Code <span style="font-size: 1.5em;">2018 Franklin Dr. Arlington TX 76011</span>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date <span style="font-size: 1.5em;">1-13-19</span>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <span style="font-size: 1.5em;">Curnutt &amp; Hafer LLP</span>	Amount of Pledge \$ <span style="font-size: 1.5em;">\$500.00</span>	In-kind contribution description
Pledgor address; City; State; Zip Code <span style="font-size: 1.5em;">101 E. Park Row Dr. Arlington TX 76010</span>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions) <span style="font-size: 1.5em;">Attorneys / LAW</span>		Employer (See Instructions) <span style="font-size: 1.5em;">Curnutt Hafer LLP</span>	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
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.			

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME <b>David Wilbanks</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$ 120 <sup>00</sup>	
5 Date of loan <b>9-24-18</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David A. Wilbanks</b>	9 Loan Amount (\$) <b>\$100<sup>00</sup></b>	
6 Is lender a financial institution?  Y N	8 Lender address; City; State; Zip Code <b>3711 Astoria Dr. Arlington TX 76013</b>	10 Interest rate <b>Ø</b>	
		11 Maturity date <b>1-1-23</b>	
12 Principal occupation / Job title (See Instructions) <b>Consultant</b>		13 Employer (See Instructions) <b>Sagaxis Consulting</b>	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  ..... 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

Date of loan <b>12-10-18</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David A. Wilbanks</b>	Loan Amount (\$) <b>\$20<sup>00</sup></b>
Is lender a financial institution?  Y N	Lender address; City; State; Zip Code <b>3711 Astoria Dr. Arlington TX 76013</b>	Interest rate <b>Ø</b>
		Maturity date <b>1-1-23</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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: <div style="text-align: center;">1</div>	<b>2</b> FILER NAME <div style="text-align: center;">David A. Wilbanks</div>	<b>3</b> Filer ID (Ethics Commission Filers)														
<b>4</b> Date <div style="text-align: center;">1-13-19</div>	<b>5</b> Payee name <div style="text-align: center;">Stripe</div>															
<b>6</b> Amount (\$) <div style="text-align: center;">\$141.63</div>	<b>7</b> Payee address; City; State; Zip Code <div style="text-align: center;">510 Townsend St. San Francisco CA 94103</div>															
<b>8</b>  <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Fees (cc processing)</div>															
	<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																
<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held											
Candidate / Officeholder name	Office sought	Office held														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date</td> <td colspan="2">Payee name</td> </tr> <tr> <td>Amount (\$)</td> <td colspan="2">Payee address; City; State; Zip Code</td> </tr> <tr> <td rowspan="2" style="text-align: center;">PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule)</td> <td>Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense         </td> </tr> <tr> <td colspan="2"> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table> </td> </tr> </table>			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;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>		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;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held											
Candidate / Officeholder name	Office sought	Office held														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date</td> <td colspan="2">Payee name</td> </tr> <tr> <td>Amount (\$)</td> <td colspan="2">Payee address; City; State; Zip Code</td> </tr> <tr> <td rowspan="2" style="text-align: center;">PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule)</td> <td>Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense         </td> </tr> <tr> <td colspan="2"> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table> </td> </tr> </table>			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;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>		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;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held											
Candidate / Officeholder name	Office sought	Office held														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date</td> <td colspan="2">Payee name</td> </tr> <tr> <td>Amount (\$)</td> <td colspan="2">Payee address; City; State; Zip Code</td> </tr> <tr> <td rowspan="2" style="text-align: center;">PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule)</td> <td>Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense         </td> </tr> <tr> <td colspan="2"> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table> </td> </tr> </table>			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;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>		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;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held											
Candidate / Officeholder name	Office sought	Office held														

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: <b>(22) 2</b>	2 FILER NAME <b>David A W. Banks</b>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <b>Donor box</b>	
6 Amount (\$) <b>\$35.70</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>1885 Mission St. San Francisco, CA 94103</b>	
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	Office sought      Office held
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended	Category (See Categories listed at the top of this schedule)	
PURPOSE OF EXPENDITURE	(b) 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	Office sought      Office held
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended	Category (See Categories listed at the top of this schedule)	
PURPOSE OF EXPENDITURE	(b) 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	Office sought      Office held
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended	Category (See Categories listed at the top of this schedule)	
PURPOSE OF EXPENDITURE	(b) 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



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: (192) 2	2 FILER NAME David A. Wilbanks	3 Filer ID (Ethics Commission Filers)
4 Date 12-28-18	5 Payee name Go Daddy.com LLC	
6 Amount (\$) \$76.64 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 14455 N. Hayden Rd. #219 Scottsdale AZ 85260	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other: website domain name purchase	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

Date 12-28-18	Payee name Total Choice Hosting	
Amount (\$) \$55.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 518 <del>283</del> Oxford, M.I. 48371	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other: web site hosting	(b) 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

Date 12-28-18	Payee name Total Choice Hosting	
Amount (\$) \$147.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 518 Oxford MI 48371	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other: website hosting	(b) 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