

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	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <u>MR</u></div> <div>FIRST <u>DAVID</u></div> <div>MI <u>A</u></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <u>WILBANKS</u></div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received <div style="color: blue; font-size: 1.2em; font-weight: bold;">RECEIVED</div> <div style="color: red; font-weight: bold;">APR 07 2022</div> BY: <u>Le Benjamin</u> Date Hand-delivered or Date Postmarked <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="border-top: 1px solid black; padding-top: 2px;">Date Processed</div> <div style="border-top: 1px solid black; padding-top: 2px;">Date Imaged</div> </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; <u>3711 Astoria Dr.</u></div> <div>APT / SUITE #;</div> <div>CITY; <u>Arlington TX</u></div> <div>STATE;</div> <div>ZIP CODE <u>76013</u></div> </div>										
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <u>(817)</u></div> <div>PHONE NUMBER <u>458-8514</u></div> <div>EXTENSION</div> </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <u>MR</u></div> <div>FIRST <u>R. Tom</u></div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <u>Cravens</u></div> <div>SUFFIX</div> </div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); <u>501 S. Fielder Rd</u></div> <div>APT / SUITE #;</div> <div>CITY; <u>Arlington</u></div> <div>STATE; <u>TX</u></div> <div>ZIP CODE <u>76013</u></div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <u>(817)</u></div> <div>PHONE NUMBER <u>261-8954</u></div> <div>EXTENSION</div> </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>Month Day Year <u>1 / 16 / 22</u></div> <div>THROUGH</div> <div>Month Day Year <u>4 / 6 / 22</u></div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div>ELECTION DATE Month Day Year <u>5 / 7 / 22</u></div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>										
12 OFFICE	OFFICE HELD (if any) <u>AISD Board of Trustees, Place 4</u>	13 OFFICE SOUGHT (if known) <u>AISD Board of Trustees, Place 4</u>									
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-right: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

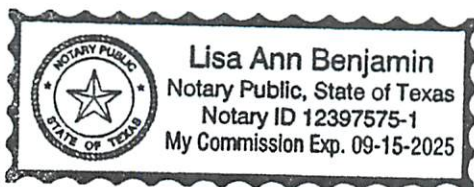
15 C/OH NAME <u>David A. Wilbanks</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>— 0 —</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>7,170.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>— 0 —</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6,823.37</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>15,944.52</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>10,000.00</u>

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.

David A. Wilbanks
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by David A. Wilbanks this the 7 day of April, 2022

to certify which, witness my hand and seal of office.

Lisa Ann Benjamin Lisa Ann Benjamin Admin. Asst. to Supt.
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 <i>David A. Wilbanks</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>6,745.18</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>425.18</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ —
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>6,627.73</i>
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	\$ <i>195.45</i>
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

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 (128)
2 FILER NAME David A Wilbanks		3 Filer ID (Ethics Commission Filers)
4 Date 1/21/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mario Perez	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> Ft Worth TX 76110		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Linebarger LLP
Date 1/22/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christine Walton	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> Arlington TX 76001		
Principal occupation / Job title (See Instructions) Exec. VP.		Employer (See Instructions) Trinity Oaks Mortgage
Date 1/22/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott & Kim Crawford	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> Arlington TX 76011		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg McQuitty	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> Grapevine TX 76051		
Principal occupation / Job title (See Instructions) Retired		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 of 8)
2 FILER NAME David A. Wilbanks		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ethan McDaniel	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> Arling TX 76016		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) AISD.
Date 3/01/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Cravens	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> Arl. TX 76013		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/02/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Hall	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> Arl. TX 76006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/03/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abigail Boatwright	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> Fort Worth TX 76112		
Principal occupation / Job title (See Instructions) Journalist		Employer (See Instructions) Self Employed
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: (3 of 8) 8
2 FILER NAME David A. Wilbanks		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kacie Elwood	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76012		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/3/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kacie Steven Poole	Amount of contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code [REDACTED] Fort Worth TX 76017		
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) UEA
Date 3/3/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeff Carlton	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code [REDACTED] Arl. TX 76016		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Melissa Washington	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code [REDACTED] Mansfield TX 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 (408)
2 FILER NAME David A. Wilbanks		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Fowler	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code [REDACTED] Ar. TX 76014		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Rodriguez	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] Ar. 76012		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Wise	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code [REDACTED] Arling TX 76011		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Smith	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] Ar. TX 76012		
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: (538) 8
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacie Humbles	7 Amount of contribution (\$)
3/4/22	6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76006	\$50.00
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) AISD
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Brooks	Amount of contribution (\$)
3/4/22	Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76012	\$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corliss Bunkley	Amount of contribution (\$)
3/08/22	Contributor address; City; State; Zip Code [REDACTED] Arl. TX 76012	\$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather Castillo	Amount of contribution (\$)
3/13/22	Contributor address; City; State; Zip Code [REDACTED] Arl. TX 76012	\$50.00
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: 8 (628)
2 FILER NAME David A. Wilbanks		3 Filer ID (Ethics Commission Filers)
4 Date 3-14-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Albert Parra 6 Contributor address; City; State; Zip Code [REDACTED] Arl TX 76012	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Oncologist		9 Employer (See Instructions) The Center for Cancer + Blood Disorders
Date 3-26-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chris Wood Contributor address; City; State; Zip Code [REDACTED] Arl TX 76012	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) web Developer		Employer (See Instructions) UT Arlington
Date 3-29-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Martine Thomas Contributor address; City; State; Zip Code [REDACTED] Arl TX 76016	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 4-02-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kelly Hastings Contributor address; City; State; Zip Code [REDACTED] South Lake 76092	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Little Elm ISD.
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: <u>8</u> (7 of 8)
2 FILER NAME <u>David A. Wilbanks</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4-04-02</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Carl Cravens</u>	7 Amount of contribution (\$) <u>\$100.00</u>
6 Contributor address; City; State; Zip Code <u>[REDACTED] Arlington TX 76013</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/13/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Charles & Eleanor Brady</u>	Amount of contribution (\$) <u>\$200.00</u>
Contributor address; City; State; Zip Code <u>[REDACTED] Arl. TX 76001</u>		
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>Linbarger</u>
Date <u>3-3-22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jason Ray & Kim Ray</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>[REDACTED] Arlington TX 76012</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-3-22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Marilea Hickman</u>	Amount of contribution (\$) <u>200.00</u>
Contributor address; City; State; Zip Code <u>[REDACTED] Arlington TX 76012</u>		
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 (8 of 8)
2 FILER NAME David A Wilbanks		3 Filer ID (Ethics Commission Filers)
4 Date 3-6-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Dipert 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76013	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3-6-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Dipert Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76013	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3-3-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornutt & Hafer L.L.P. Contributor address; City; State; Zip Code 301 W. Abram St. Arlington TX 76010	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> 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

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: <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>425.00</u>	
5 Date <u>3/3/22</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Leslie Hoss d/b/a Flying Pig Balloons</u>	8 Amount of Contribution \$ <u>\$250.00</u>	9 In-kind contribution description <u>Decorations for Kick off.</u>
7 Contributor address; City; State; Zip Code <u>Crowley Rd. Arlington TX 76012</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 <u>3/3/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Greg McCarthy d/b/a Legal Draft</u>	Amount of Contribution \$ <u>\$175.00</u>	In-kind contribution description <u>Rental for Kick off</u>
Contributor address; City; State; Zip Code <u>500 E Division Arling TX 76011</u>		<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.

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
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: 3	2 FILER NAME David A. Wilbanks	3 Filer ID (Ethics Commission Filers)
4 Date 3-7-22	5 Payee name TX Decision Intel	
6 Amount (\$) 596.56	7 Payee address; City; State; Zip Code 3 Duskview Lane Edgecliff Village TX 76134	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Door Hangers
	(c) <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		
Candidate / Officeholder name Office sought Office held		
Date 3-3-22	Payee name TX Decision Intel	
Amount (\$) \$2,831.77	Payee address; City; State; Zip Code 3 Duskview Lane Edgecliff Village TX 76134	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Road Signs
	<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		
Date 3-7-22	Payee name TX Decision Intel	
Amount (\$) 2,1050.00	Payee address; City; State; Zip Code 3 Duskview Lane Edgecliff Village TX 76134	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Contract Labor	Description Road Sign Installation
	<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		

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
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: 3	2 FILER NAME David A. Wilbanks		3 Filer ID (Ethics Commission Filers)
4 Date 4-1-22	5 Payee name Council of PTA's		
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 1203 W. Pioneer PKWY Arlington TX 76013		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donation		(b) Description Bless-A-Campus
	(c) <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			
Candidate / Officeholder name Office sought Office held			
Date 3-3-22	Payee name Cartel Taco Bar.		
Amount (\$) \$653.83	Payee address; City; State; Zip Code 506 E. Division St. Arlington TX 76011		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Exp.		Description Campaign Kickoff.
	<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			
Date 1-18-22	Payee name Tarrant County Clerk		
Amount (\$) \$23.00	Payee address; City; State; Zip Code Tarrant Co. Fort Worth TX 76010		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Legal Services		Description Register DBA:
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 3	2 FILER NAME David A. Wilbanks	3 Filer ID (Ethics Commission Filers)
4 Date 4-5-22	5 Payee name Donor box	
6 Amount (\$) \$222.57	7 Payee address; City; State; Zip Code 601 King St., Suite 200 Alexandria VA 22314	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking	
	(b) Description CC Processing Fees.	
(c) <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		
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		
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		
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 PERSONAL FUNDS

SCHEDULE G

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

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: 1	2 FILER NAME David A. Wilbanks		3 Filer ID (Ethics Commission Filers)
4 Date 4-5-22	5 Payee name Facebook		
6 Amount (\$) 183.91 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1 Hackerway Menlo Park CA 94025		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads
	(c) <input checked="" 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 3-24-22	Payee name Mail Chimp		
Amount (\$) 11.73 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 675 Ponce de Leon Ave Suite 5000 Atlanta GA 30308		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Email Advertising
	<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	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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