

# 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: **9**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
**Mr. David A**

NICKNAME LAST SUFFIX  
**Wilbanks**

OFFICE USE ONLY

Date Received  
**RECEIVED**

**JAN 15 2025**

BY **Samuel Cross**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**3711 Astoria Dr.  
Arlington TX 76013**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(817) 458-8514**

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
**Esther A**

NICKNAME LAST SUFFIX  
**Aguilar - Wilbanks**

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**3711 Astoria Dr.  
Arlington TX 76013**

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(817) 368-5201**

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
**7 / 1 / 24 THROUGH 12 / 31 / 24**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
**5 / 3 / 24**  General  Special

12 OFFICE

OFFICE HELD (if any) OFFICE Sought (if known)  
**Place 4  
AISD School Board**

14 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

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME David A. Wilbanks

16 Filer ID (Ethics Commission Filers)

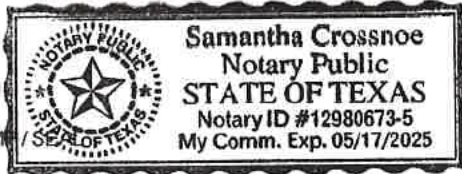
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,321.38</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>40.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>11,113.53</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>16,020.00</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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP

Sworn to and subscribed before me by David Wilbanks this the 15<sup>th</sup> day of January, 2025, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Samantha Crossnoe  
Printed name of officer administering oath

Notary  
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	\$ 1321.38
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 9,300.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 9,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 40.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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>(102) 2</u>
2 FILER NAME <u>David A. Wilbanks</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>12/27/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Cathy Wise</u>	7 Amount of contribution (\$) <u>\$250.00</u>
6 Contributor address; City; State; Zip Code [Redacted] <u>Ariz TX 76012</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>12/27/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>David Jackson</u>	Amount of contribution (\$) <u>\$250.00</u>
Contributor address; City; State; Zip Code [Redacted] <u>Ariz TX 76012</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>12/12/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bre H Scott</u>	Amount of contribution (\$) <u>\$21.38</u>
Contributor address; City; State; Zip Code <u>New Democrat ME 03909</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>12/31/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <del>Sherry</del> <u>Ashley Johnson</u>	Amount of contribution (\$) <u>\$25.00</u>
Contributor address; City; State; Zip Code [Redacted] <u>Ariz. 76017</u>		
Principal occupation / Job title (See Instructions) <u>Teacher AISD</u>		Employer (See Instructions) <u>AISD</u>

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 of 2)

2 FILER NAME  
**David A. Wilbanks**

3 Filer ID (Ethics Commission Filers)

4 Date  
**12/31/24**

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
 [Redacted] **Ar 76016**

**\$25.00**

8 Principal occupation / Job title (See Instructions)  
**Teacher**

9 Employer (See Instructions)  
**AISD**

Date  
**12/31/24**

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
 [Redacted] **Ar 76001**

**\$250.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**12/31/24**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Chris & Sarah McMurrough**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
 [Redacted] **Ar 76017**

**\$500.00**

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**  
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**PLEGGED CONTRIBUTIONS**

**SCHEDULE B**

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 B:  
**(2 of 2) 2**

2 FILER NAME  
**David A. Wilbanks**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date  
**12/31/24**

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Shirley Dollar**

8 Amount of Pledge \$  
**\$100**

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code  
[Redacted] **Ar. 76013**

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date  
**12/31/24**

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Brian Watson**

Amount of Pledge \$  
**\$500.00**

In-kind contribution description

Pledgor address; City; State; Zip Code  
[Redacted] **Ar. 76013**

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**12/31/24**

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Steve + Lori Plamondon**

Amount of Pledge \$  
**\$2000.00**

In-kind contribution description

Pledgor address; City; State; Zip Code  
[Redacted] **Ar. 76012**

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**12/31/24**

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Steven Poole**

Amount of Pledge \$  
**\$2000.00**

In-kind contribution description

Pledgor address; City; State; Zip Code  
[Redacted] **Ft Worth 76107**

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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**PLEGGED CONTRIBUTIONS**

**SCHEDULE B**

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 B: (1 of 2) <b>2</b>
2 FILER NAME <b>David A. Wilbanks</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$
5 Date <b>12/31/24</b>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ben Odom</b>	8 Amount of Pledge \$ <b>\$2,000.00</b>
	7 Pledgor address; City; State; Zip Code [Redacted] <b>Norman, OK 73072</b>	9 In-kind contribution description
10 Principal occupation / Job title (See Instructions)		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
11 Employer (See Instructions)		
Date <b>12/31/24</b>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gloria &amp; Eric Hauser</b>	Amount of Pledge \$ <b>\$2,000.00</b>
	Pledgor address; City; State; Zip Code [Redacted] <b>Saginaw TX 76131</b>	In-kind contribution description
Principal occupation / Job title (See Instructions)		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Employer (See Instructions)		
Date <b>12/31/24</b>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Justin Chapa</b>	Amount of Pledge \$ <b>\$500.00</b>
	Pledgor address; City; State; Zip Code [Redacted] <b>Arlington TX 760</b>	In-kind contribution description
Principal occupation / Job title (See Instructions)		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Employer (See Instructions)		
Date <b>12/31/24</b>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>mark Coker</b>	Amount of Pledge \$ <b>\$200.00</b>
	Pledgor address; City; State; Zip Code <b>Los Gatos CA 95032</b>	In-kind contribution description
Principal occupation / Job title (See Instructions)		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
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.

**LOANS**

**SCHEDULE E**

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 E: <span style="float: right;">↓</span>
2 FILER NAME <span style="font-size: 1.2em; color: blue;">David A. Wilbanks</span>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <span style="font-size: 1.2em; color: blue;">12-15-24</span>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <span style="font-size: 1.2em; color: blue;">David A. Wilbanks</span>	9 Loan Amount (\$) <span style="font-size: 1.2em; color: blue;">\$9,020<sup>00</sup></span>
6 Is lender a financial Institution?  Y N	8 Lender address; City; State; Zip Code <span style="font-size: 1.2em; color: blue;">3711 Astoria Dr. Arlington TX 76013</span>	10 Interest rate <span style="font-size: 1.2em; color: blue;">∅</span>
		11 Maturity date <span style="font-size: 1.2em; color: blue;">12-15-2033</span>
12 Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em; color: blue;">Consultant</span>		13 Employer (See Instructions) <span style="font-size: 1.2em; color: blue;">Plamondon Consulting</span>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

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

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

if lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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.

<b>1</b> Total pages Schedule F1: <b>1</b>	<b>2</b> FILER NAME: <b>David A. Wilbanks</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date: <b>12-31-24</b>	<b>5</b> Payee name: <b>Donor Box</b>	
<b>6</b> Amount (\$): <b>\$40.00</b>	<b>7</b> Payee address; City; State; Zip Code: <b>601 King St. #200 Alexandria VA 22314</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule): <b>Acct. Banking</b>	<b>(b)</b> Description: <b>CC Donation Fees</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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