		E / OFFICEHOLDER I FINANCE REPORT	FORM C/OH COVER SHEET PG 1						
Th	The C/OH Instruction Guide explains how to complete this form.  1 Filer ID 2 Total pages filed: 8								
	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI David	Date Received  JUL 15 2025						
	2	NICKNAME LAST SUFI Wilbanks	By. A. Boals						
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP C 3711 Astroia Dr.	ODE Date Fland-delivered or Date Postmarked  Receipt # Amount						
	Change of Address	Arlington, TX 76013	Date Processed						
			Date Imaged						
5	CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI  Mrs Esther Aguilar  NICKNAME LAST SUFF	IX						
		Wilbanks							
6	CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;  3711 Astoria Dr.  Arling fon TX 74013	CITY; STATE; ZIP CODE						
7	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  817 368 5213							
8	REPORT TYPE	January 15 30th day before election Runoff  X July 15 Sth day before election Exceeded modifier reporting limit	15th day after campaign treasurer appointment (officeholder only)  d X Final Report (Attach C/OH-FR)						
9	PERIOD COVERED	Month Day Year Month 04/24/2025 THROUGH 06/	Day Year 30/2025						
10	ELÉCTION	ELECTION DATE  Month Day Year  Primary  General  Special	YPE Other						
11	OFFICE	OFFICE HELD (if any)  Arlington ISD Board of Trustees, Place 4 Place Place 4  District Arl. ISD Tarrant  12 OFFICE Set None	DUGHT (if known)						
		GO TO PAGE 2							

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

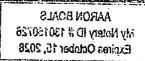
2 of 9

				2019				
13 C / OH NAME	Wilbanks, David		14 Filer ID					
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM candidate / officeholder. These expenditures may have been made without the candidate's or office POLITICAL consent. Candidates and officeholders are required to report this information only if they receive no							
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
_	GENERAL							
	C cocorcio	COMMITTEE ADDRESS						
	SPECIFIC							
	COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	S					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	)	<b>\$</b> 750.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00					
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 8,139.23				
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 0.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 16,888.58				
17 AFFIDAVIT								
X	AARON BOALS  My Notary ID # 130150  Expires October 15, 2	028		pe reported by me				
AFFIX NO	TARY STAMP / SEAL ABO	OVE						
Sworn to and subso	cribed before me, by the s	aid David Will banks ertify which, witness my hand and seal of office.	, this the/5	thday				
Signature of office	Signature of officer administering  Aaron Boals  Printed name of officer administering  Title of officer administering oath							

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Layon Kiyasa Jayak Tarak Najir 64

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

3 of 9

					3019			
	8 FILER NAME  Wilbanks, David  19 Filer ID							
<b>20</b> S	CHEDUL AME OF	<del></del>	SU	BTOTAL AMOUNT				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	750.00			
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	X	SCHEDULE E: LOANS		\$	868.58			
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	7,034.75			
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	×	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,104.48			
10	. 🗆	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12	. 🗆	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$				

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to co	omplete this f	orm.	B .	pages Schedule E: 1/1 Rpt: 5/9
	FILER NAME Wilbanks, David	3 Filer	ID			
4	TOTAL OF UN	IITEMIZED LOANS				\$
	Date of loan 05/05/2025	7 Name of lender David, Wilbanks	out-of-state PA	C (ID#:		9 Loan Amount (\$) \$868.58
	Is lender a financial institution? No	8 Lender address; City; 3711 Astoria Dr. Arlington, TX 76013	State;	Zip Code		10 Interest Rate 0.00 11 Maturity Date 05/05/2099
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Inst	ructions)	33.00.
14	Description of Col	ateral		15 Check if personal fo	unds were depos	ited into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor		<del>•••••••••••••••••••••••••••••••••••••</del>		19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Inst	ructions)	

#### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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)

	Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID
	Sch: 1/2 Rpt: 5/8	Wilbanks, David	
4	Date	5 Payee name	
	05/02/2025	Donorbox.com	
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode
	\$42.55	1520 Belle View Blvd VA	
		#4106	
		Alexandria, VA 22307	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Banking
			,
9		Candidate/Officeholder name Office sou	ght Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
	05/08/2025	GDBH, LLC	
Т	Amount (\$)	Payee address; City; State; Zip Co	ode
	\$2,000.00	6110 Bay Hill Drive	
		Arlington, TX 76018	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
<b>!</b>			Campaign Consultant
_	Complete ONLY if direct	Candidate/Officeholder name Office son	ight Office held
	expenditure to benefit C/O	H	
Γ	Date	Payee name	
	05/02/2025	Nguoi Viet Dallas LLC	
Γ	Amount (\$)	Payee address; City; State; Zip C	ode
	\$300.00		
		Dallas, TX	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
1	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
ı			Radio Ad
Г	Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
	expenditure to benefit C/O	H	
Γ			
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### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Adventising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consuting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memoria Legal Services  The Instruction C	ls Expense		pense /ages/	e /Contract Labor		Travel on District Travel Out of District OTHER (enter a category not	listed above)	
1	Total pages Schedule F1:	2							3	Filer ID	
L	Sch: 2/2 Rpt: 6/8	Ļ	Wilbanks, D						L		
4	Date	5	Payee name								
L	05/12/2025	L	Print Tactic		<del></del>	·					
6	• •	7	Payee addres	<del>-</del>	State;	Zip Coo	de				
1	\$61.48		2460 Lanca	aster RD							
			Richmond,	KY 40475							
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description			
ĺ	OF EXPENDITURE		Event Expe					_		de of Texas. Complete Schedul	le T.
							ļ	Check if Austin, T-Shirts	, тх,	officeholder living expense	
-	Complete ONLY if direct	Ц	Candidate/Off	iceholder name		Office soug	thr			Office held	
Ľ	expenditure to benefit C/O						J			J	
	Date		Payee name								
L	05/02/2025	L		sion Intelligenc							
	Amount (\$)	_	Payee addre	-	State;	Zip Cod	de		_		
	\$4,630.72		3 Deskview	LN							
	!										
			Fort Worth,	TX 76134							
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Consulting	Expense		į		<b>—</b>		de of Texas. Complete Schedul	le T.
		1				l		لسيا		officeholder living expense  ulting Marketing	
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$\vdash$	Complete ONLY if direct	Ц,	Candidate/Offi	iceholder name	<u> </u>	Office soug	ght	<del></del>	-	Office held	
	expenditure to benefit C/OI				J	- 224	- ··			···-· <del>·</del>	
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### **POLITICAL EXPENDITURES FROM PERSONAL FUNDS**

SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Adventising Expense Accounting/Banking	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Polling Expense Travel in District
Contributions/ Donations Made B Candidate/Officeholder/Politic	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule G:	2 FILER NAME 3 Filer ID
Sch: 1/1 Rpt: 7/8	Wilbanks, David
4 Date	5 Payee name
05/03/2025	Facebook
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$787.17	1 Hacker Way
Reimbursement from	
political contributions intended	Menlo Park, CA 94025
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
OF	Advertising Expense
EXPENDITURE	Facebook Ads
	Facebook Aus
9 Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Officeholder name Office sought Office held
C/OH	
Date	Payee name
05/03/2025	J Gilligan's
Amount (\$)	Payee address; City; State; Zip Code
\$220.04	400 E Abram
Reimbursement from	
political contributions intended	Arlington, TX 76010
PURPOSE	Category (See Categories listed at the top of this schedule)  Description Check if travel outside of Texas. Complete Schedule T.
OF	Event Expense
EXPENDITURE	Victory Watch
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	Out that the lotter and the same of the sa
Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Officeholder name Office sought Office held
C/OH	
D-1-	
Date	Payee name
05/26/2025	Mailchimp
Amount (\$)	Payee address; City; State; Zip Code
\$97.27	
Reimbursement from	
political contributions intended	Atlanta, GA
PURPOSE	Category (See Categories listed at the top of this schedule)  Description Check if travel outside of Texas. Complete Schedule T.
OF	Advertising Expense
EXPENDITURE	Email Marketing
Complete ONLY if disc-1	Candidate/Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit	Candidate/Onicerolider name Onice sought Onice neto
C/OH	

	FORM C/OH - FR
	The Instruction Guide explains how to complete this form.  ** Complete only if "Report Type" on page 1 is marked "Final Report" **  Page 8 of 8
1	C/OH NAME  2 Filer ID  Wilbanks, David  dwilban@gmail.com
3	SIGNATURE
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.
	Signature of Candidate / Officeholder
4	FILER WHO IS NOT AN OFFICEHOLDER  ** Complete A & B below only if you are not an officeholder **
	A CAMPAIGN FUNDS
	Check only one:
	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.
	B ASSETS
	Check only one:
	I do not retain assets purchased with political contributions or interest or other income from political contributions.
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204.
	Signature of Candidate
5	OFFICEHOLDER
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.  Signature of Officeholder