

# 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	MS / MRS / MR <b>MR</b>		FIRST <b>DAVID</b>		MI <b>A</b>		<b>OFFICE USE ONLY</b>  Date Received <span style="font-size: 2em; color: blue;">RECEIVED</span>  <span style="color: red; font-weight: bold;">JAN 18 2024</span>  BY: <i>[Signature]</i>  Date Hand-delivered or Date Postmarked <span style="color: blue; font-size: 1.5em;">1/18/2024</span>  Receipt # _____ Amount \$ _____  Date Processed _____  Date Imaged _____	
	NICKNAME		LAST <b>WILBANKS</b>		SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>		ADDRESS / PO BOX; <b>3711 ASTORIA DR; ; ARLINGTON; TEXAS; 76013</b>		APT / SUITE #; CITY; STATE; ZIP CODE				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(817 )</b>		PHONE NUMBER <b>368 - 5213</b>		EXTENSION			
	6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MRS</b>		FIRST <b>ESTHER</b>		MI		
NICKNAME		LAST <b>AGUILAR WILBANKS</b>		SUFFIX				
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); <b>3711 ASTORIA DR; ; ARLINGTON; TEXAS; 76013</b>		APT / SUITE #; CITY; STATE; ZIP CODE				
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(817 )</b>		PHONE NUMBER <b>368 - 5201</b>		EXTENSION			
	9 REPORT TYPE		<input checked="" type="checkbox"/> January 15      30th day before election      Runoff  <input type="checkbox"/> July 15      8th day before election      Exceeded Modified Reporting Limit      Final Report (Attach C/OH - FR)					
10 PERIOD COVERED		Month      Day      Year <b>6 / 30 / 23</b>		THROUGH		Month      Day      Year <b>12 / 31 / 23</b>		
11 ELECTION		ELECTION DATE <small>Month      Day      Year</small> <b>/ /</b>		ELECTION TYPE <small>Primary      Runoff      Other Description</small> <small>General      Special</small>				
12 OFFICE		OFFICE HELD (if any) <b>AISD BD OF TRUSTEES PL4</b>		13 OFFICE SOUGHT (if known)				
14 NOTICE FROM POLITICAL COMMITTEE(S)  <small>Additional Pages</small>		THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. <i>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.</i>						
		COMMITTEE TYPE		COMMITTEE NAME				
		GENERAL		COMMITTEE ADDRESS				
		SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME				
				COMMITTEE CAMPAIGN TREASURER ADDRESS				

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 51.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,500.00

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is David A. Wilbanks, and my date of birth is 8-26-64  
 My address is 3711 Astoria Dr, Arling Ln, TX, 76013 Tarrant  
(street) (city) (state) (zip code) (country)  
 Executed in Tarrant County, State of Texas, on the 15 day of Jan, 2024  
(month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> David A Wilbanks	<b>20 Filer ID (Ethics Commission Filers)</b>
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<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	<b>SUBTOTAL</b> <b>AMOUNT</b>
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$