

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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:20%; font-size: small;">MI</td> <td style="width:20%;"></td> </tr> <tr> <td>Mr.</td> <td>David</td> <td>A</td> <td></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> </table> <div style="text-align: center; font-size: large; margin-top: 10px;">Wilbanks</div>		MS / MRS / MR	FIRST	MI		Mr.	David	A		NICKNAME	LAST	SUFFIX		<div style="border: 1px solid black; padding: 5px; text-align: center;"> OFFICE USE ONLY </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Received <div style="border: 2px solid blue; padding: 5px; display: inline-block; text-align: center;"> RECEIVED JUL 25 2019 </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Hand-delivered or Date Postmarked </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <table style="width:100%;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> </div>	Receipt #	Amount \$	Date Processed		Date Imaged	
MS / MRS / MR	FIRST	MI																			
Mr.	David	A																			
NICKNAME	LAST	SUFFIX																			
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Date Processed																					
Date Imaged																					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:20%; font-size: small;">APT / SUITE #;</td> <td style="width:20%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:20%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; font-size: large;">3711 Astoria Dr. Arlington TX 76013</td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	3711 Astoria Dr. Arlington TX 76013												
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">AREA CODE</td> <td style="width:40%; font-size: small;">PHONE NUMBER</td> <td style="width:40%; font-size: small;">EXTENSION</td> </tr> <tr> <td>(817)</td> <td>458-8514</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(817)	458-8514													
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MS / MRS / MR	FIRST	MI																			
Mr.	R Tom																				
NICKNAME	LAST	SUFFIX																			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: small;">APT / SUITE #;</td> <td style="width:10%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:30%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center; font-size: large;">501 South Fielder Rd Arlington TX 76013</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	501 South Fielder Rd Arlington TX 76013												
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input 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 checked="" 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)										
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">Month Day Year</td> <td style="width:10%;"></td> <td style="width:25%; font-size: small;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: large;">1 / 15 / 19</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center; font-size: large;">6 / 30 / 19</td> </tr> </table>			Month Day Year		Month Day Year	1 / 15 / 19	THROUGH	6 / 30 / 19												
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11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: small;">ELECTION DATE</td> <td style="width:60%; font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: small;">Month Day Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td style="text-align: center; font-size: large;">5 / 4 / 19</td> <td></td> </tr> </table>			ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	5 / 4 / 19													
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12 OFFICE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: small;">OFFICE HELD (if any)</td> <td style="width:50%; font-size: small;">OFFICE SOUGHT (if known)</td> </tr> <tr> <td style="font-size: large;">Trustee, Arlington ISD Place 4</td> <td></td> </tr> </table>			OFFICE HELD (if any)	OFFICE SOUGHT (if known)	Trustee, Arlington ISD Place 4															
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Trustee, Arlington ISD 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)

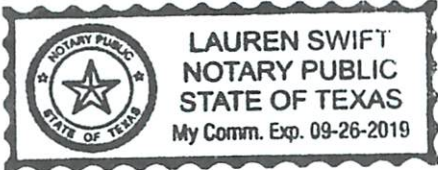
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	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	\$ <u>Itemized - 0 -</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3,445.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>Itemized - 0 -</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,196.12</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>4,981.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>- 0 -</u>

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 15th day of July, 20 19, to certify which, witness my hand and seal of office.

Lauren Swift

Signature of officer administering oath

Lauren Swift

Printed name of officer administering oath

Notary

Title of officer administering oath

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

19 FILER NAME David A. Wilbanks		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,445
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ - 0 -
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ - 0 -
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ - 0 -
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3437.17
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	\$ 758.95
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.

1 Total pages Schedule A1:

6

2 FILER NAME

David A. Wilbanks

3 Filer ID (Ethics Commission Filers)

4 Date

2/6/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

The Ortiz Law Firm

6 Contributor address; City; State; Zip Code

1304 W. Abram St #100 Arlington TX 76013

7 Amount of contribution (\$)

\$ 50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/6/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tom & Diane Cravens

Contributor address; City; State; Zip Code

Arlington TX 76013

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/6/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bowie & Leslie Hogg

Contributor address; City; State; Zip Code

Arlington TX 76012

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/6/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Roger DeFrang

Contributor address; City; State; Zip Code

Arlington TX 76013

Amount of contribution (\$)

25.00

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME:

David A Wilbanks

3 Filer ID (Ethics Commission Filers)

4 Date

2/6/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Charles Brady

6 Contributor address;

City; State; Zip Code

[REDACTED]

Arlington TX 76013

7 Amount of contribution (\$)

\$75.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/6/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael Ledford

Contributor address;

City; State; Zip Code

[REDACTED]

Arlington TX 76014

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/6/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert + Judith Callahan

Contributor address;

City; State; Zip Code

[REDACTED]

Arlington TX 76012

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/6/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Erich Haessler

Contributor address;

City; State; Zip Code

[REDACTED]

Ft Worth TX 76102

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME

David A. Wilbanks

3 Filer ID (Ethics Commission Filers)

4 Date

1-16-19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Hibbs

6 Contributor address;

City; State; Zip Code

Ariz. 76016

7 Amount of contribution (\$)

\$150.

8 Principal occupation / Job title (See Instructions)

Nat. Sales Manager

9 Employer (See Instructions)

Contamac US

Date

2-5-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Scott & Kim Crawford

Contributor address;

City; State; Zip Code

Ariz. TX 76011

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

Sothen Frost Cary LLP

Date

2-7-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Clay Kelley

Contributor address;

City; State; Zip Code

Ariz 76013

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-7-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Patricia Conner

Contributor address;

City; State; Zip Code

Ariz. 76011

Amount of contribution (\$)

\$100

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6

2 FILER NAME

David A. Wilbanks

3 Filer ID (Ethics Commission Filers)

4 Date

2-7-19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Steve Zimmer

6 Contributor address; City; State; Zip Code

[REDACTED] Arl. TX 76006

7 Amount of contribution (\$)

\$250

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

2-7-19

Full name of contributor

☐ out-of-state PAC (ID#:

Chris Wood

Contributor address; City; State; Zip Code

[REDACTED] Arl. 76012

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Web Dev.

Employer (See Instructions)

UTA

Date

2-7-19

Full name of contributor

☐ out-of-state PAC (ID#:

Laura Jones

Contributor address; City; State; Zip Code

[REDACTED] Gordon TX 76453

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-7-19

Full name of contributor

☐ out-of-state PAC (ID#:

Larry Fowler

Contributor address; City; State; Zip Code

[REDACTED] Arl. 76016

Amount of contribution (\$)

\$250

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.

1 Total pages Schedule A1: 6

2 FILER NAME

David A. Wilbanks

3 Filer ID (Ethics Commission Filers)

4 Date

2-7-19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael Regina

6 Contributor address;

City; State; Zip Code

[REDACTED] Ariz. 76013

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-7-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sarah Hopper

Contributor address;

City; State; Zip Code

[REDACTED] Ariz. 76016

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

—

Date

2-7-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mary J. Moloney

Contributor address;

City; State; Zip Code

[REDACTED] Ariz. 74006

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

—

Date

2-8-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dianne Browne

Contributor address;

City; State; Zip Code

[REDACTED] Ariz. 76011

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Retired Teacher

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.

1 Total pages Schedule A1: 6

2 FILER NAME

David A. W. Banks

3 Filer ID (Ethics Commission Filers)

4 Date

2-28-19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Yoko Matsumoto

6 Contributor address; City; State; Zip Code

[REDACTED] Arl. 76012

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

Director

9 Employer (See Instructions)

City of Arlington

Date

3-11-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ken Hetherington

Contributor address; City; State; Zip Code

[REDACTED] Arl. tx 76006

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

VP Comm. Underwriting

Employer (See Instructions)

Southside Bank

Date

1/24/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kelly Curnutt

Contributor address; City; State; Zip Code

[REDACTED] Arl. 76013

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/24/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Curnutt; Hafer

Contributor address; City; State; Zip Code

101 E Park Row Dr. Arl 76010

Amount of contribution (\$)

\$500

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.

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.

1 Total pages Schedule F1: 2	2 FILER NAME David A. Willbanks	3 Filer ID (Ethics Commission Filers)
4 Date 1-29-19	5 Payee name Williams Sign Company	
6 Amount (\$) \$2,000	7 Payee address; City; State; Zip Code 3933 California Parkway #c Forest Hill, TX 76119	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (signs)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 2-8-19	Payee name Sportswear World	
Amount (\$) \$295.92	Payee address; City; State; Zip Code 2430 N. Davis Dr. Arlington TX 76012	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Exp. (Shirts)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-Shirts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 2-26-19	Payee name Cartel Taco Bar	
Amount (\$) \$541.25	Payee address; City; State; Zip Code 506 E Division St. # 150 Arlington TX 76011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Exp.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ford for Event
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

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: 2		2 FILER NAME David A. Wilbanks		3 Filer ID (Ethics Commission Filers)	
4 Date 4-8-19		5 Payee name Arlington ISD Education Foundation			
6 Amount (\$) \$500⁰⁰		7 Payee address; City; State; Zip Code 1141 W. Pioneer Pkwy #103 Arlington TX 76013			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Gift		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ride Sponsorship	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date 5-1-19		Payee name Jeff Williams Campaign			
Amount (\$) \$100⁰⁰		Payee address; City; State; Zip Code 1205 W Abram St Arlington TX 76013			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions made by OH		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to Mayor Campaign	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date 3-11-19		Payee name Stripe			
Amount (\$) \$56.40		Payee address; City; State; Zip Code 510 Townsend St San Francisco CA 94103			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Txn Processing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 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 | \$ |

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: 34		2 FILER NAME David A. Wilbanks		3 Filer ID (Ethics Commission Filers)	
4 Date 2/13/19		5 Payee name Salter Bros Coffee			
6 Amount (\$) \$100 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code Arlington TX 76006			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Event Food/Bev <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	
Date 2/13/19		Payee name Sugar Bee Sweets Bakery			
Amount (\$) \$150.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 201 N. East St. Arlington TX 76011			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Food for Event <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	
Date 2/13/19		Payee name Party City			
Amount (\$) \$77.43 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2215 S. Cooper St. Arlington TX 76013			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		(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		Candidate / Officeholder name		Office sought	

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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: 84		2 FILER NAME David A. Wilbanks		3 Filer ID (Ethics Commission Filers)	
4 Date 2/8/19		5 Payee name Legal Draft			
6 Amount (\$) \$270.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 500 E. Division St. Arlington TX 76011			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Event Venue <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 2-3-19		Payee name Office Depot			
Amount (\$) \$32.84 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 780 Road to Six Flags Arlington TX 76011			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Printing + Supplies <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 1-24-19		Payee name Vista print. com			
Amount (\$) \$65.94 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 275 Wayman St Waltham MA 02451			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expenses		(b) Description Business Cards / Fridge magnets <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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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: 4		2 FILER NAME David A. Wilbanks		3 Filer ID (Ethics Commission Filers)	
4 Date 1-31-19		5 Payee name OFFICE MAX			
6 Amount (\$) \$17.29 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 780 Rd to Six Flags Arlington TX 76011			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Name badge <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 3-3-19		Payee name Donor Box			
Amount (\$) 15.50 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1885 Mission St. San Francisco CA 94103			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fundraising Exp.		(b) Description Online Donation Platform <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 2-18-19		Payee name Total Choice Hosting			
Amount (\$) \$5.95 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 518 Oxford MI 48371			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Exp.		(b) Description Website (Feb) <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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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: <div style="font-size: 2em; margin-left: 100px;">4</div>	2 FILER NAME <div style="font-size: 1.2em; margin-left: 20px;">David A. Wilbanks</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em; margin-left: 20px;">6-18-19</div>	5 Payee name <div style="font-size: 1.2em; margin-left: 20px;">Total Choice Hostings</div>	
6 Amount (\$) <div style="font-size: 1.2em; margin-left: 20px;">\$23.80</div> <div style="margin-top: 5px;"> <input type="checkbox"/> Reimbursement from political contributions intended </div>	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em; margin-left: 20px;">PO Box 518 Oxford MI 48371</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em; margin-left: 20px;">Advertising Exp</div>	(b) Description <div style="font-size: 1.2em; margin-left: 20px;">Website (March-June)</div> <div style="margin-top: 5px;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

Date	Payee name
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

Date	Payee name
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

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