

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

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

JAN 15 2025

BY **Samuel Cross**

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 SUGHT (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)

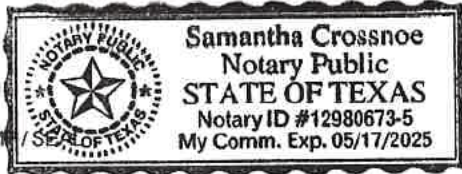
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,321.38</u>
EXPENDITURE TOTALS	3. TOTAL 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 15th 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: (102) 2

2 FILER NAME

David A. Wilbanks

3 Filer ID (Ethics Commission Filers)

4 Date

12/27/24

5 Full name of contributor

Cathy Wise

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250.00

6 Contributor address:

City:

State:

Zip Code

Ariz TX 76012

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/27/24

Full name of contributor

David Jackson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address:

City:

State:

Zip Code

Ariz TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/24

Full name of contributor

Bre H Scott

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$21.38

Contributor address:

City:

State:

Zip Code

New Democrat ME 03904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/24

Full name of contributor

Ashley Sherry Johnson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25.00

Contributor address:

City:

State:

Zip Code

Ariz. 76017

Principal occupation / Job title (See Instructions)

Teacher AISD

Employer (See Instructions)

AISD

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
(282)

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

David A. Wilbanks

4 Date

12/31/24

5 Full name of contributor

Sherry Burgdorff

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$25.00

6 Contributor address;

City;

State;

Zip Code

Ar 76016

8 Principal occupation / Job title (See Instructions)

Teacher

9 Employer (See Instructions)

AISD

Date

12/31/24

Full name of contributor

Leanna Brady

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

Ar 76001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/24

Full name of contributor

Chris & Sarah McMurrough

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

Ar. 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

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

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) 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Odom	8 Amount of Pledge \$ \$2,000.00
	7 Pledgor address; City; State; Zip Code [Redacted] Norman, OK 73072	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 12/31/24	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria & Eric Hauser	Amount of Pledge \$ \$2,000.00
	Pledgor address; City; State; Zip Code [Redacted] Saginaw TX 76131	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 12/31/24	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Chapa	Amount of Pledge \$ \$500.00
	Pledgor address; City; State; Zip Code [Redacted] Arlington TX 760	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 12/31/24	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) mark Coker	Amount of Pledge \$ \$200.00
	Pledgor address; City; State; Zip Code Los Gatos CA 95032	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: ↓
2 FILER NAME David A. Wilbanks		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12-15-24	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) David A. Wilbanks	9 Loan Amount (\$) \$9,020⁰⁰
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code 3711 Astoria Dr. Arlington TX 76013	10 Interest rate ∅
		11 Maturity date 12-15-2033
12 Principal occupation / Job title (See Instructions) Consultant		13 Employer (See Instructions) Plamondon Consulting
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.

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