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: Mr. | FIRST: David | MI: A
NICKNAME | LAST: Wilbanks | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

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

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (817) | PHONE NUMBER: 458-8514 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: Esther | MI: A
NICKNAME | LAST: Aguilar - Wilbanks | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

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

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817) | PHONE NUMBER: 368-5201 | EXTENSION

9 REPORT TYPE

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

10 PERIOD COVERED

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

11 ELECTION

ELECTION DATE — Month / Day / Year: 5 / 3 / 24

ELECTION TYPE
- ☐ Primary
- ☐ Runoff
- ☐ Other — Description
- ☒ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): AISD School Board Place 4

13 OFFICE SOUGHT (if known)

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.

☐ Additional Pages

COMMITTEE TYPE
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received: RECEIVED JAN 15 2025 BY Samuel Cossio

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

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

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 OF TEXAS

Samantha Crossnoe
Notary Public
STATE OF TEXAS
Notary ID #12980673-5
My Comm. Exp. 05/17/2025

Sworn to and subscribed before me by David Wilbanks this the 15th day of January, 20 25, to certify which, witness my hand and seal of office.

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.	☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1321.38
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ Ø
3.	☒	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 9300 00
4.	☒	SCHEDULE E: LOANS	$ 9,000 00
5.	☒	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 40 00
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	$

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: (1 of 2) 2

2 FILER NAME: David A. Wilbanks

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
12/27/24	Cathy Wise	[redacted] Arl TX 76012	$250.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
12/27/24	David Jackson	[redacted] Arl TX 76012	$250.00

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 ($)
12/12/24	Bre H Scott	New Durham ME 03855	$21.38

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 ($)
12/31/24	~~Ashley Sherry~~ Johnson	[redacted] Arl. 76017	$25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Teacher AISD	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 of 2) 2

2 FILER NAME: David A. Wilbanks

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
12/31/24	Sherry Burgdorff 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	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
12/31/24	Leanna Brady Contributor address; City; State; Zip Code: [redacted] Arl 76001	$250.00
Principal occupation / Job title (See Instructions):	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
12/31/24	Chris & Sarah McMurrough Contributor address; City; State; Zip Code: [redacted] Arl. 76017	$500.00
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

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

PLEDGED 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	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge $	9 In-kind contribution description	10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
12/31/24	Shirly Dollar [redacted] Ar. 76013	$100	☐ Check if travel outside of Texas. Complete Schedule T.		
12/31/24	Brian Watson [redacted] Arl. 76013	$500.00	☐ Check if travel outside of Texas. Complete Schedule T.		
12/31/24	Steve + Lori Plamondon [redacted] Arl. 76012	$2000.00	☐ Check if travel outside of Texas. Complete Schedule T.		
12/31/24	Steven Poole [redacted] Ft Worth 76107	$2000.00	☐ Check if travel outside of Texas. Complete Schedule T.		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED 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	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge $	9 In-kind contribution description
12/31/24	Ben Odom [redacted] Norman, OK 73072	$2,000 AI	☐ Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of Pledge $	In-kind contribution description
12/31/24	Gloria & Eric Hauser [redacted] Saginaw TX 76131	$2,000. W	☐ Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of Pledge $	In-kind contribution description
12/31/24	Justin Chapa [redacted] Arlington TX 760	$500. AI	☐ Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of Pledge $	In-kind contribution description
12/31/24	Mark Coker Los Gatos CA 95032	$200 AI	☐ 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.

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: David A. Wilbanks ☐ out-of-state PAC (ID#: _____)

9 Loan Amount ($): $9,020.00

6 Is lender a financial Institution? Y N

8 Lender address; City; State; Zip Code: 3711 Astoria Dr. Arlington TX 76013

10 Interest rate: 0

11 Maturity date: 12-15-2033

12 Principal occupation / Job title (See Instructions): Consultant

13 Employer (See Instructions): Plamondon Consulting

14 Description of Collateral ☒ none

15 ☐ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION ☒ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender ☐ 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 ☐ none

☐ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

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
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 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	David A. Wilbanks	

4 Date	5 Payee name	
12-31-24	Donor Box	

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
$40.00	601 King St. #200	Alexandria	VA	22314

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Acct. Banking	CC Donation Fees

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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	Payee name		

Amount ($)	Payee address;	City;	State;	Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date	Payee name		

Amount ($)	Payee address;	City;	State;	Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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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