

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: 32																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:35%; text-align: center;">FIRST Dr. Ignacio T</td> <td style="width:15%; font-size: 8px;">MI</td> <td style="width:35%;"></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="text-align: center;">LAST Nunez</td> <td style="font-size: 8px;">SUFFIX</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST Dr. Ignacio T	MI		NICKNAME	LAST Nunez	SUFFIX		OFFICE USE ONLY											
MS / MRS / MR	FIRST Dr. Ignacio T	MI																			
NICKNAME	LAST Nunez	SUFFIX																			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8px;">ADDRESS / PO BOX;</td> <td style="width:25%; font-size: 8px;">APT / SUITE #;</td> <td style="width:25%; font-size: 8px;">CITY;</td> <td style="width:25%; font-size: 8px;">STATE;</td> <td style="width:20%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">1800 Raydon Dr, Arlington, TX, 76013</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1800 Raydon Dr, Arlington, TX, 76013					Date Received <div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED - OSD 19 MAR 29 PM 2:04 </div>									
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																	
1800 Raydon Dr, Arlington, TX, 76013																					
5 CANDIDATE/ OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8px;">AREA CODE</td> <td style="width:35%; font-size: 8px;">PHONE NUMBER</td> <td style="width:40%; font-size: 8px;">EXTENSION</td> </tr> <tr> <td style="text-align: center;">(817)</td> <td style="text-align: center;">817-233-1999</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(817)	817-233-1999		Date Hand-delivered or Date Postmarked													
AREA CODE	PHONE NUMBER	EXTENSION																			
(817)	817-233-1999																				
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:35%; text-align: center;">FIRST Dan</td> <td style="width:15%; font-size: 8px;">MI</td> <td style="width:35%;"></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="text-align: center;">LAST Dipert</td> <td style="font-size: 8px;">SUFFIX</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST Dan	MI		NICKNAME	LAST Dipert	SUFFIX		Receipt #	Amount \$										
MS / MRS / MR	FIRST Dan	MI																			
NICKNAME	LAST Dipert	SUFFIX																			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: 8px;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: 8px;">APT / SUITE #;</td> <td style="width:15%; font-size: 8px;">CITY;</td> <td style="width:10%; font-size: 8px;">STATE;</td> <td style="width:15%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">1511 W. Second St, Arlington, TX, 76013</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	1511 W. Second St, 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 checked="" 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 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 checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input 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: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:15%; font-size: 8px;">Year</td> <td style="width:10%;"></td> <td style="width:10%; font-size: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:10%; font-size: 8px;">Year</td> </tr> <tr> <td style="text-align: center;">Jan</td> <td style="text-align: center;">16,</td> <td style="text-align: center;">2019</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">April</td> <td style="text-align: center;">4</td> <td style="text-align: center;">2019</td> </tr> </table>			Month	Day	Year		Month	Day	Year	Jan	16,	2019	THROUGH	April	4	2019				
Month	Day	Year		Month	Day	Year															
Jan	16,	2019	THROUGH	April	4	2019															
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 8px;">ELECTION DATE</td> </tr> <tr> <td style="width:25%; font-size: 8px;">Month</td> <td style="width:25%; font-size: 8px;">Day</td> <td style="width:50%; font-size: 8px;">Year</td> </tr> <tr> <td style="text-align: center;">May</td> <td style="text-align: center;">4</td> <td style="text-align: center;">2019</td> </tr> </table>	ELECTION DATE			Month	Day	Year	May	4	2019	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 8px;">ELECTION TYPE</td> </tr> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		ELECTION TYPE			<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
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<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special																				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Arlington City Council District 5																			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

IGNACIO NUÑEZ

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

GENERAL

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

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2025041

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 436.91

4. TOTAL POLITICAL EXPENDITURES

\$ 18036.67

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

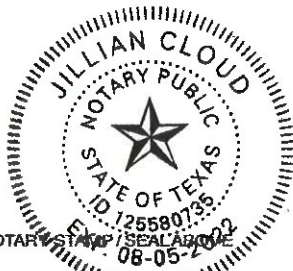
\$ 8042.24

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 2000

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.

Ignacio Nunez
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ignacio Nunez, this the 29th day of March, 20 19, to certify which, witness my hand and seal of office.

J. Cloud
Signature of officer administering oath

Jillian Cloud
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME

FERNANDO NUMERZ

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>20250.41</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>265.41</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>6000</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>18473.58</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>.</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>150.07</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>150.07</i>
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: <u>15</u>
2 FILER NAME Ignacio Nunez		3 Filer ID (Ethics Commission Filers)
4 Date Jan 17, 2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Dipert 6 Contributor address; City; State; Zip Code 1511 W Second St Arlington, Tx, 76013	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date Jan 17 2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Dipert Contributor address; City; State; Zip Code 1511 Second St, Arlington, TX, 76013	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Counseling		Employer (See Instructions)
Date Feb, 6 2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Baily PHD, PLLC Contributor address; City; State; Zip Code 721 N Fielder Rd, STE A, Arlington, TX, 76012	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Counseling		Employer (See Instructions)
Date Feb 7, 2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curnutt & Hafer, LLP Contributor address; City; State; Zip Code 101 East Park Row Arlington TX 76010	Amount of contribution (\$) 250.00
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: **8**

2 FILER NAME

Ignacio Nunez

3 Filer ID (Ethics Commission Filers)

4 Date

2-8-19

5 Full name of contributor

DAVID TESMER

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

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

3951 Cole Avenue, DALLAS, TX 75204

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-7-19

Full name of contributor

Caul Cravens

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

Amount of contribution (\$)

150.00

Contributor address;

City; State; Zip Code

1201 Canterbury Ct, ARL, TX, 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-12-19

Full name of contributor

Kirk King

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

Amount of contribution (\$)

150.00

Contributor address;

City; State; Zip Code

6906 Wippoorwill Ct, Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-13-19

Full name of contributor

Wes Turner

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

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

506 West 7th St FORTWORTH, TX 76102

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: 5

2 FILER NAME IGNACIO NUMEZ

3 Filer ID (Ethics Commission Filers)

4 Date 2-9-19

5 Full name of contributor out-of-state PAC (ID#: _____)
James Douglas Wintfu

7 Amount of contribution (\$) 250.00

6 Contributor address; City; State; Zip Code
12102 Topeka Ave Lubbock, TX 79424

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 2-16-19

Full name of contributor out-of-state PAC (ID#: _____)
JIM ANAGNOSTIS

Amount of contribution (\$) 100.00

Contributor address; City; State; Zip Code
2022 Stonelanyon CT ARL, TX, 7612

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 2-16-19

Full name of contributor out-of-state PAC (ID#: _____)
LINDA + WILL MOORE

Amount of contribution (\$) 60.00

Contributor address; City; State; Zip Code
550 Collins, GORDON, TX 76453

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 2-17-19

Full name of contributor out-of-state PAC (ID#: _____)
ALAN PETSCHKE

Amount of contribution (\$) 250.00

Contributor address; City; State; Zip Code
3850 Bellaine CIR, FORTWORTH, TX 76109

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: **15**

2 FILER NAME **IGNACIO NUNEZ**

3 Filer ID (Ethics Commission Filers)

4 Date

2/16/19

5 Full name of contributor out-of-state PAC (ID#: _____)
JIM ANAGNOSTIS

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code
2022 STONE CANYON CT ARL TX 76012

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/12/19

Full name of contributor out-of-state PAC (ID#: _____)
KIRK KING

Amount of contribution (\$)

150

Contributor address; City; State; Zip Code
6906 WIPPERWILL CT COLLEYNILLE, TX, 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-13-19

Full name of contributor out-of-state PAC (ID#: _____)
~~DAVID FESMER~~ **WES TURNER**

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code
**500 West 7th St FORT WORTH, TX 76102
#1725**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

~~2/18/19~~
2/18/19

Full name of contributor out-of-state PAC (ID#: _____)
DAVID TESNER

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code
3951 Cole Avenue DALLAS TX 75204

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: 15

2 FILER NAME

IGNACIO NUMER

3 Filer ID (Ethics Commission Filers)

4 Date

2-19-19

5 Full name of contributor

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

MARY + JOHN HIBBS

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

4006 Falcon Lake Dr ARL, TX, 76016

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-19-19

Full name of contributor

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

TOM + DIANE CRAVENS

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

501 S. Fielden Rd ARL TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-19-19

Full name of contributor

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

BARON + KEMERY ATKINS

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

2609 WOODBINE CIR ARL, TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-19-19

Full name of contributor

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

CLIFF MYKOSTIE

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

1409 WOODBINE CT ARL, TX 76013

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: **15**

2 FILER NAME **IGNACIO NUNEZ**

3 Filer ID (Ethics Commission Filers)

4 Date **2-19-19**
 5 Full name of contributor out-of-state PAC (ID#: _____)
LOIS + JAMES DITTO
 6 Contributor address; City; State; Zip Code
1803 Oak Grove Dr. ARL, TX 76013

7 Amount of contribution (\$)
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **2-19-19**
 Full name of contributor out-of-state PAC (ID#: _____)
JUDITH BONA
 Contributor address; City; State; Zip Code
1713 RAYDON ARL, TX 76013

Amount of contribution (\$)
25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **2-19-19**
 Full name of contributor out-of-state PAC (ID#: _____)
MARK + BELINDA GIST
 Contributor address; City; State; Zip Code
2100 Woodside Dr ARL, TX 76013

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **2-19-19**
 Full name of contributor out-of-state PAC (ID#: _____)
CHARLES BRADY
 Contributor address; City; State; Zip Code
1919 ALAN A DALE RD ARL, TX 76013

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: 15
2 FILER NAME IGNACIO NUNEZ		3 Filer ID (Ethics Commission Filers)
4 Date 2-19-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RYAN+CHRISTIE ELLIOTT 6 Contributor address; City; State; Zip Code 419 N. Elm Street ARL TX 76011	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-19-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDAL T. ROSE Contributor address; City; State; Zip Code 3416 Collard Rd ARL TX 76017	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-19-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTIE P. ROSE Contributor address; City; State; Zip Code 3416 Collard Rd ARL TX 76017	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-19-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANITA MITCHELL Contributor address; City; State; Zip Code 2812 WOODS DR ARL TX 76010	Amount of contribution (\$) 50.00
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: <u>5</u>
2 FILER NAME <u>IGNACIO NUMEZ</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2-19-19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>COLBY S. VAN SICKLER F3 Weath management</u> 6 Contributor address; City; State; Zip Code <u>2000 E. LAMAR BLVD ARL TX 76006</u>	7 Amount of contribution (\$) <u>100.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2-19-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>BLAKE W. + LORI BROOKS KRETZ</u> Contributor address; City; State; Zip Code <u>1611 Bent Creek Dr. ARL TX 76033</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2-19-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DONALD C INGLE</u> Contributor address; City; State; Zip Code <u>6824 Poly Webb Rd ARL TX 76016</u>	Amount of contribution (\$) <u>250.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2-20-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RAUL TERRY GONZALEZ</u> Contributor address; City; State; Zip Code <u>2211 Woodmont Ct ARL TX 76017</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

2 FILER NAME

IGNACIO NUÑEZ

3 Filer ID (Ethics Commission Filers)

4 Date

2-19-19

5 Full name of contributor out-of-state PAC (ID#: _____)

GEORGE ANAGOSTIS

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

2221 Field Rd, ARL. TX 76013

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-21-19

Full name of contributor out-of-state PAC (ID#: _____)

DAVID COLEMAN

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

1605 Fairfax Dr Mansfield TX 76063

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-19-19

Full name of contributor out-of-state PAC (ID#: _____)

PETE GLASSER

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

1217 Colonial CT ARL. TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-19

Full name of contributor out-of-state PAC (ID#: _____)

BRYAN + JUY CORBELL

Amount of contribution (\$)

3000.00

Contributor address; City; State; Zip Code

1808 RAYDON DR. ARL. TX 76013

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: 15
2 FILER NAME IGNACIO NUNEZ		3 Filer ID (Ethics Commission Filers)
4 Date 2-19-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN PETTUAY	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 3838 Fairfax Ave DALLAS TX 75209		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-25-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL McCullough	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 2908 FORESWOOD DR. ARL. TX 76006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-24-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARLA BLICK	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 5423 Morningsid Ave. DALLAS TX, 75206		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-27-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WATERS EDGE west at Viridian RANDY STRAH FORD MOJY HADDAD	Amount of contribution (\$) 2000.00
Contributor address; City; State; Zip Code 2500 NE Greenoaks #200 ARL, TX 76006		
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: 15
2 FILER NAME IGNACIO NUNEZ		3 Filer ID (Ethics Commission Filers)
4 Date 2-28-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAWN MENAUE 6 Contributor address; City; State; Zip Code 3 COUNTRY CLUB CT Pantego TX 76013	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-28-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DONNA KELLY Contributor address; City; State; Zip Code 1610 Trailridge Dr. ARL, TX 76013	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-28-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATTY MURPHY Contributor address; City; State; Zip Code 1509 ELIZABETH ARL TX 76013	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-28-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERRY SMOODRASS Contributor address; City; State; Zip Code 2102 Valleydale Dr. ARL, TX 76013	Amount of contribution (\$) 50.00
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: 15

2 FILER NAME
JONACIO NUMEZ

3 Filer ID (Ethics Commission Filers)

4 Date: 2-28-19
5 Full name of contributor: CLAY KELLY
 out-of-state PAC (ID#: _____)
6 Contributor address; City; State; Zip Code
1800 Canterbury Ct ARL TX 76013

7 Amount of contribution (\$)
250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date: 3-2-19
Full name of contributor: VALIA JOULANI
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
2900 RUSH CT ARL TX 76017

Amount of contribution (\$)
500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 3-5-19
Full name of contributor: BILL MEGO
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
6202 Laurel Oak Lane, ARL TX 76001

Amount of contribution (\$)
300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 3-12-19
Full name of contributor: JAMES E. MALBACH
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
6601 BALDWIN ACRES CT, ARL TX, 76001

Amount of contribution (\$)
200.00

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: **15**

2 FILER NAME **IGNACIO NUMEZ**

3 Filer ID (Ethics Commission Filers)

4 Date **2-22-19**
 5 Full name of contributor out-of-state PAC (ID#: _____)
MACK PIRKEY DDS PA
 6 Contributor address; City; State; Zip Code
906 N Fielden ARL TX 76012

7 Amount of contribution (\$)
250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **3-13-19**
 Full name of contributor out-of-state PAC (ID#: _____)
MIKE GERRO
 Contributor address; City; State; Zip Code
4604 Riverforest DR ARL TX 76017

Amount of contribution (\$)
150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **2-28-19**
 Full name of contributor out-of-state PAC (ID#: _____)
BELINDA WESTON
 Contributor address; City; State; Zip Code
Ravenwood ARL TX 76013

Amount of contribution (\$)
20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3-17-19**
 Full name of contributor out-of-state PAC (ID#: _____)
PATSY + KENNETH BINDEL
 Contributor address; City; State; Zip Code
1502 Bluebonnet TR ARL TX 76013

Amount of contribution (\$)
200.00

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: **15**

2 FILER NAME **IGNACIO NUNEZ**

3 Filer ID (Ethics Commission Filers)

4 Date **3-20-19** 5 Full name of contributor out-of-state PAC (ID#: _____) **GARY KWITT**
 6 Contributor address; City; State; Zip Code **2000 Kudiak Ct ARL. TX 76013**

7 Amount of contribution (\$) **250.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date ~~3-13-19~~ **2-7-19** Full name of contributor out-of-state PAC (ID#: _____) **AIKE GERRO CARL CRAVENS**
 Contributor address; City; State; Zip Code **1201 cantenbury Ct, ARL. TX. 76013**

Amount of contribution (\$) ~~150.00~~
150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3-27-19** Full name of contributor out-of-state PAC (ID#: _____) **Apartment Association of TARRANT COUNTY**
 Contributor address; City; State; Zip Code **6350 Baker Blvd Ft. Worth TX 76118**

Amount of contribution (\$) **2500.06**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3-17** Full name of contributor out-of-state PAC (ID#: _____) **DON DUKE**
 Contributor address; City; State; Zip Code **P.O. Box 13464 ARL. TX 76094**

Amount of contribution (\$) **100.00**

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: **15**

2 FILER NAME

IGNACIO NUNEZ

3 Filer ID (Ethics Commission Filers)

4 Date

2-9-19

5 Full name of contributor

JAMES WINTER

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

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

12102 Topoka Ave Lubbock TX 79424

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-17-19

Full name of contributor

MURRAY HARP

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

Amount of contribution (\$)

30.00

Contributor address;

City; State; Zip Code

Bluebonnet Tr. ARL TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-15-19

Full name of contributor

MICHAEL CAME

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

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1916 Westview Ter ARL TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-19

Full name of contributor

KERIN DIAS

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

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

14 Grant Place Pantego TX 76013

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>2</u>	
2 FILER NAME <u>IGNACIO NUÑEZ</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>180.00</u>	
5 Date <u>2-19-19</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RANNY + SARAH FORD (GILLIGANS)</u>	8 Amount of Contribution \$ <u>180.00</u>	9 In-kind contribution description <u>FOOD</u>
7 Contributor address; City; State; Zip Code <u>400 E Abram ST ARL TX 76010</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2 <u>2</u>	
2 FILER NAME <u>IGNACIO NUNEZ</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>2-28-19</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>GLYNDA RAY + BETH McHENRY</u>	8 Amount of Contribution \$ <u>85.41</u>	9 In-kind contribution description <u>FOOD and COFFEE FOR POLITICAL FUNCTION</u>
7 Contributor address; City: State: Zip Code <u>1612 Briarwood ARL TX 76013</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City: State: Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2
2 FILER NAME IGNACIO NUNEZ		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 6000.00
5 Date of loan JAN 17, 19	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) IGNACIO NUNEZ	9 Loan Amount (\$) 1000.00
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 1800 RAYDON DRIVE ARL, TX, 76013	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> 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 1-28-18	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) IGNACIO NUNEZ	Loan Amount (\$) 1000.00
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code 1800 RAYDON DR, ARL, TX, 76013	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> 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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2

2 FILER NAME

IGNACIO NUMEZ

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

2-6-19

7 Name of lender

IGNACIO NUMEZ

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

9 Loan Amount (\$)

4000

6 Is lender a financial institution?

Y N

8 Lender address;

City; State; Zip Code

1800 RANDOLPH DR. ARLING TX. 76013

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

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

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City; State; Zip Code

not applicable

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

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City; State; Zip Code

not applicable

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

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: 6	2 FILER NAME Ignacio Nunez	3 Filer ID (Ethics Commission Filers)
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4 Date 1-18-19	5 Payee name CRAIG OWNBY
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6 Amount (\$) 1000	7 Payee address; City; State; Zip Code 7106 Lighthouse Rd, ARLINGTON, TX 76002
-----------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING	(b) Description <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
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Date 1-19-18	Payee name Magenta Name tag WIZARD
-----------------	---------------------------------------

Amount (\$) 97.96	Payee address; City; State; Zip Code No address online order www.nameitagwizard.com
----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description <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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Date 1-29-19	Payee name ADVENT PRIVITY
-----------------	------------------------------

Amount (\$) 1000.00	Payee address; City; State; Zip Code 420 East Camel, ARL, TX 76012 #212
------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Marketing	Description <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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 6	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
--	--------------	---------------------------------------

4 Date 3/27/19	5 Payee name ADVENT TRINITY
--------------------------	---------------------------------------

6 Amount (\$) 350	7 Payee address; City; State; Zip Code 420 E. LAMAR, ARL. TX 76012
-----------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <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 3-14	Payee name WILLIAMS SIGN CO.
---------------------	--

Amount (\$) 1352.31	Payee address; City; State; Zip Code 3933 E. California Pkwy Ste C, FT. WORTH, TX, 76119
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/26	Payee name DIGITAL CORPORATE COMPANIES
---------------------	--

Amount (\$) \$629.82	Payee address; City; State; Zip Code 801 STATION DR. ARL. TX, 76015
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) P.R. INTING ADVERTISING	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
---------------------------------	--------------	---------------------------------------

4 Date 1-30-19	5 Payee name HOSTGATOR
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6 Amount (\$) 4256	7 Payee address; City; State; Zip Code billing@e.hostgator.com
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees - Internet security	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-30-19	Payee name TERRANET
-----------------	------------------------

Amount (\$) 40.83	Payee address; City; State; Zip Code www.terra.net.lb
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee Internet Service	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-5-19	Payee name MAGENTO NAME TAG WIZARD
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Amount (\$) 29.67	Payee address; City; State; Zip Code www.nameitagwizard.com
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description <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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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: 6		2 FILER NAME FONACIO NUMERZ		3 Filer ID (Ethics Commission Filers)	
4 Date 2-6-19		5 Payee name WILLIAMS SIGN CO.			
6 Amount (\$)		7 Payee address; City; State; Zip Code 3933 E. California Pkwy Suite C FT. Worth TX 76119			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) PRINTING		(b) Description <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 2-7-19		Payee name DIGITAL corporate companies			
Amount (\$) 741.42		Payee address; City; State; Zip Code 801 station Dr. ARLINGTON, TX 76015			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PRINTING		Description <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 2-11-19		Payee name Facebook ADS TEAM			
Amount (\$) 100.00		Payee address; City; State; Zip Code 1 Facebook way, Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

HostGator.com

5005 Mitchelldale Suite #100,
Houston TX 77092 USA
+1 (866) 964-2867

1. Job name (Please include F1 & F2)	2. F1 & F2 NAME
3. Date	4. Proposal W/IC/AMZ SIGN CO
5. Amount (\$)	7. Project address 9833 E. California Parkway Suite C FT. WORTH TX 76114
8. PURPOSE OR APPLICATION <input type="checkbox"/> PRINTING <input type="checkbox"/> OTHER	9. Company Size (Please select the appropriate category) PRINTING
10. Company Size (Please select the appropriate category) <input type="checkbox"/> 1-9 employees <input type="checkbox"/> 10-49 employees <input type="checkbox"/> 50-99 employees <input type="checkbox"/> 100-499 employees <input type="checkbox"/> 500-999 employees <input type="checkbox"/> 1000+ employees	11. Office use (Y/N) Office use: Y
12. Date	13. Project name Digital color printing company
14. Amount (\$)	15. Project address 2100 E. Ft. Worth TX 76102
16. PURPOSE OR APPLICATION <input type="checkbox"/> PRINTING <input type="checkbox"/> OTHER	17. Company Size (Please select the appropriate category) PRINTING
18. Company Size (Please select the appropriate category) <input type="checkbox"/> 1-9 employees <input type="checkbox"/> 10-49 employees <input type="checkbox"/> 50-99 employees <input type="checkbox"/> 100-499 employees <input type="checkbox"/> 500-999 employees <input type="checkbox"/> 1000+ employees	19. Office use (Y/N) Office use: Y
20. Date	21. Project name Packaging for [unclear]
22. Amount (\$)	23. Project address [unclear] TX 76102
24. PURPOSE OR APPLICATION <input type="checkbox"/> PRINTING <input type="checkbox"/> OTHER	25. Company Size (Please select the appropriate category) PRINTING
26. Company Size (Please select the appropriate category) <input type="checkbox"/> 1-9 employees <input type="checkbox"/> 10-49 employees <input type="checkbox"/> 50-99 employees <input type="checkbox"/> 100-499 employees <input type="checkbox"/> 500-999 employees <input type="checkbox"/> 1000+ employees	27. Office use (Y/N) Office use: Y

ALL ADDITIONAL COPIES OF THIS SCHEDULE ARE NECESSARY

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 8	2 FILER NAME IGNACIO NUMEZ	3 Filer ID (Ethics Commission Filers)
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4 Date 2/20/19	5 Payee name ADVENTRIMITY
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6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code 420 East LAMAR ARLINGTON, TX 76012
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 420 East Lamar AR	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-18-19	Payee name DIGITAL Corporate Companies
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Amount (\$) 161.89	Payee address; City; State; Zip Code 801 STATION DR. ARL. TX 76015
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-1-19	Payee name Digital Corporate Companies
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Amount (\$) 339.97	Payee address; City; State; Zip Code 801 STATION DR. ARL TX 76015
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 6	2 FILER NAME IGNACIO NUNEZ	3 Filer ID (Ethics Commission Filers)
4 Date 3/28/19	5 Payee name CINDY GREEN	
6 Amount (\$) 2794	7 Payee address; City; State; Zip Code P.O. Box 122594, ARLINGTON, TX 76013	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 2794 CONTRACT LABOR	(b) Description <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
Date 3-4-19	Payee name IGNACIO NUNEZ	
Amount (\$) 4000.00	Payee address; City; State; Zip Code 1800 RAY POW DR. ARLINGTON, TX 76013	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LOAN RE PAYMENT	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
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: 2	2 FILER NAME FERNANDO NUMEZ	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 2-25-19	6 Payee name TWISTED ROOT ARLINGTON	
7 Amount (\$) 56.29	8 Payee address; City; State; Zip Code 310 E. Abrams ST ARL. TX 76016	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-17-19	Payee name STARBUCKS	
Amount (\$) 36.51	Payee address; City; State; Zip Code 2611 W. PARK ROW DR, ARL. TX 76013	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Beverage Event Expense	Description <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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: 2		2 FILER NAME IGNACIO NUÑEZ		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 1-25-19		6 Payee name URBAN ALCHEMY			
7 Amount (\$) 9.18		8 Payee address; City; State; Zip Code 403 E. MAIN ST ARLINGTON, TX 76010			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Interview Solicitation		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 2-19-19		Payee name DRAFT HOUSE/GILLIGANS			
Amount (\$) 48.09		Payee address; City; State; Zip Code 400 E. ABRAMS ST ARLINGTON, TX 76010			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Volunteer Food/Beverage Campaign Event Expense		Description <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		Office held		Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME IGNACIO NUMEZ	3 Filer ID (Ethics Commission Filers)
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4 Date 2-19-19	5 Payee name DRAFT HOUSE / GILLIGAN I
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6 Amount (\$) 48.09 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 400 E Abram ST ARLINGTON TX 76010
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense FOOD	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	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
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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
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 2		2 FILER NAME IGNACIO NUMEZ		3 Filer ID (Ethics Commission Filers)	
4 Date 2-25-19		5 Payee name TWISTER ROOT ARLINGTON			
6 Amount (\$) 56.29 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 310 E. Abrams ST ARL TX 76010			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FOOD 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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-17-19		Payee name STARBUCKS			
Amount (\$) 36.51 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2611 W. PARK ROW DR. ARL TX 76013			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EVENT EXPENSE FOOD		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1-25-19		Payee name URBAN ALCHEMY			
Amount (\$) 9.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 403 E. MAIN ST ARLINGTON TX 76010			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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