

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: 14	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST IGNACIO	MI T	OFFICE USE ONLY Date Received RECEIVED - CSC 19 APR 26 PM 1:18 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME	LAST NUMEZ	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1800 RAY DON ARLI TX 76013			
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 233 4999	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST DAN	MI	
	NICKNAME	LAST DIPERT	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1511 W. Second St, ARL. TX 76013			
	8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 371 1187	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 4 / 5 / 2019			Month Day Year 4 / 26 / 19
11 ELECTION	ELECTION DATE Month Day Year MAY / 4 / 2019		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <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

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

ARLINGTON POLICE ASSOCIATION PAC

SPECIFIC

COMMITTEE ADDRESS

P.O. BOX 856, ARL, TX., 76004

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

\$ —

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

\$ 6442.96

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 3421.85

CONTRIBUTION
BALANCE

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

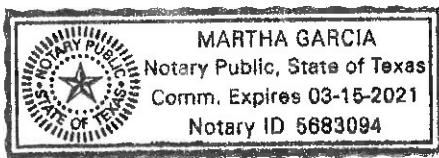
\$ ~~5026.07~~
17301.07

OUTSTANDING
LOAN TOTALS

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

\$ 2000.00

18 AFFIDAVIT



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ignacio Nunez, this the 26th day of April, 20 19, to certify which, witness my hand and seal of office.

Monika Garcia
Signature of officer administering oath

MARTHA GARCIA
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 NUÑEZ		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	5775 \$ 5775.40
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 667.9
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3421.85
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME IGNACIO NUNEZ		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAT KING	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 4015 Shady Valley Dr. ARL, TX, 76013		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/17/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey McCurdy	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2910 Collard Rd ARL TX 76017		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/16/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN B FOSTER INVESTMENTS	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 761 Highlander #30 ARL, TX, 76015		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD + SILVIA GREENE	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2114 Cross Creek Ct ARL, TX 76017		
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:
2 FILER NAME IGNACIO NUÑEZ		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAURA HOLLAND 6 Contributor address; City; State; Zip Code 4700 SAINT CHARLES LT Flowermound TX 75022	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/23/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Brian Harris Contributor address; City; State; Zip Code 2441 County Rd 1100 MONTALBA, TX 75853	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/22/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEON BACHIES Contributor address; City; State; Zip Code 10210 N. Central Expressway #300 way DALLAS, TX 75231	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/23/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNIE + GARY B. COMER Contributor address; City; State; Zip Code 2716 Margaret Dr. ARL. TX 76012	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME IGMACIO NUNEZ		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE BOWERS DBA Bowers + ASSOC.	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 520 Avenue H East ARL. TX. 76011		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/19/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DON or Deborah Phifer	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 8360 Thornhill Dr. McRichland Hills, TX, 76186		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/22/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL C. KNOWLTON	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 5626 Gillum Dr. Plano TX 75093		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOUGLAS R. BOCHES	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3113 Whispering Brook Rowlett TX, 75088		
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:
2 FILER NAME IGNACIO NUMRZ		3 Filer ID (Ethics Commission Filers)
4 Date 4/20/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDUARDO GONZALEZ	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code P.O. Box 2374 ARL. TX 76004		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Sachowski	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1818th Henry CT, ARL. TX 76006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-18-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Stovall	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 4309 Solitude CT ARL. TX 76017		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-18-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karina Cassell	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code P.O. Box 1843 ARL. TX 76004		
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:

2 FILER NAME

~~JOHN PETT~~ IG MAC 10 NUMBER

3 Filer ID (Ethics Commission Filers)

4 Date

4-18-19

5 Full name of contributor

JOHN PETTWAY

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

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

4/22/19

Full name of contributor

BILL WEBB

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

Amount of contribution (\$)

300.00

Contributor address;

City; State; Zip Code

6202 LAUREL OAK LN ARL. TX 76001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/17/19

Full name of contributor

Alison Mayhew

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

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

3700 Lake ridge ARL. TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/17/19

Full name of contributor

LISA ABBOTT

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

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

1517 Lloyas Hall CT, Mansfield, TX, 76063

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:
2 FILER NAME IGNACIO NUMEZ		3 Filer ID (Ethics Commission Filers)
4 Date 4-17-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY JEAN + TIM MOLOMEY 6 Contributor address; City; State; Zip Code 2008 RUMSON DR ARL TX 76006	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-17-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM PARO DEK Contributor address; City; State; Zip Code 5722 Brennans DR DALLAS TX 75214	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-16-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Stoltz Contributor address; City; State; Zip Code 4988 Westbriar Ftworth TX 76109	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/6/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONATHAN LABS Contributor address; City; State; Zip Code 4108 Surfside Ct ARL TX 76016	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:
2 FILER NAME IGNACIO NUMEZ		3 Filer ID (Ethics Commission Filers)
4 Date 4/5/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM SMIDER	7 Amount of contribution (\$) 300.00
6 Contributor address; City; State; Zip Code 2111 North Collins ARL TX 76011		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/5/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valerie Bindel	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2910 St. Maria Dr. ARL TX 76013		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY TX FAVLAND	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2426 Park Run ARL TX 76016		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/5/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAM MATROGA	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 1911 East Division ARL TX 76011		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>FONR10 NUNEZ</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>4-11-19</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ARLINGTON POLICE ASSOCIATION</u>	8 Amount of Contribution \$ <u>667.90</u>	9 In-kind contribution description <u>Large Campaign SIGNS</u>
7 Contributor address; City; State; Zip Code <u>P.O. Box 856 ARL TX 76004-0856</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>			

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	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:	2 FILER NAME TOMACIO NUNEZ	3 Filer ID (Ethics Commission Filers)
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4 Date 4/16/19	5 Payee name DIGITAL CORPORATE COMPANIES INC
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6 Amount (\$) 1939.06	7 Payee address; City; State; Zip Code 801 STATION DRIVE ARL, TX, 76015
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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
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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 4/16/19	Payee name DIGITAL CORPORATE COMPANIES
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Amount (\$) 430.92	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 4-18-19	Payee name DIGITAL CORPORATE COMPANIES
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Amount (\$) 546.48	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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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:	2 FILER NAME JENACIO NUMBZ	3 Filer ID (Ethics Commission Filers)
4 Date 4-15-19	5 Payee name MAIL BOXES + SUCH	
6 Amount (\$) 21.65	7 Payee address; City; State; Zip Code PANTECO, TX 76013	
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 4-16-19	Payee name MAILBOXES + SUCH	
Amount (\$) 32.48	Payee address; City; State; Zip Code PANTECO, TX 76013	
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
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 4-17-19	Payee name ADVENT TRIMITY	
Amount (\$) 350.00	Payee address; City; State; Zip Code 420 East AMAR, ARL, TX 76012	
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
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME IGNACIO WUNEZ	3 Filer ID (Ethics Commission Filers)
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4 Date 4-23-19	5 Payee name GILLIGANS BARTGRILL
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6 Amount (\$) 86.40	7 Payee address; City; State; Zip Code 400 E. Abrams, ARL. TX 76010
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 4-2-19	Payee name HostGator
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Amount (\$) 14.86	Payee address; City; State; Zip Code billing@ehostgator.com
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Internet expense	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	Payee name
------	------------

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