

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: <div style="text-align: center; font-size: 24pt;">13</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 18pt;">IGNACIO T</div> <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 18pt;">NUNEZ</div>	OFFICE USE ONLY Date Received <div style="text-align: right; font-size: 14pt; border: 1px solid black; padding: 5px;"> RECEIVED 19 MAY 31 PM 12:07 CSO </div> Date Hand-delivered or Date Postmarked									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 18pt;">1800 RAYDON DR., ARL, TX. 76013</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 18pt;">(817) 233-1999</div>	Date Hand-delivered or Date Postmarked									
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 18pt;">DAN</div> <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 18pt;">DIPERT</div>	Receipt # Amount \$ <div style="text-align: right; font-size: 18pt;">7</div>	Date Processed Date Imaged								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 18pt;">1511 W. Second St., ARL, TX. 76013</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 18pt;">(817) 371-1187</div>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input checked="" 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 checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input checked="" 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)
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input checked="" 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	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 24pt;">4 / 26 / 2019</td> <td></td> <td style="text-align: center; font-size: 24pt;">5 / 31 / 19</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	4 / 26 / 2019		5 / 31 / 19		
Month Day Year	THROUGH	Month Day Year									
4 / 26 / 2019		5 / 31 / 19									
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 18pt;">JUNE / 08 / 2019</div>	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 18pt;">Arlington City Council District 5</div>									

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME IGNACIO NUNEZ 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
 GENERAL
 SPECIFIC

COMMITTEE NAME
ARLINGTON POLICE ASSOCIATION PAC

COMMITTEE ADDRESS
P.O. BOX 858, ARL, TX, 76013

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)	\$ <u>10082.15</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>239.71</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>10895.88</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>4689.33</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 AFFIDAVIT

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 T. Nunez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ignacio T Nunez, this the 31st day of May, 2019, to certify which, witness my hand and seal of office.

Nellie Sanchez Nellie Annay Sanchez Admin Aide
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9775
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 307.15
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10895.88
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 909.79
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME **IGNACIO NUNEZ**

3 Filer ID (Ethics Commission Filers)

4 Date
5-6-19

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
1612 Briarwood Blvd, ARL, TX 76013

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
5-6-19

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1612 Briarwood Blvd ARL, TX 76013

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5-7

Full name of contributor out-of-state PAC (ID#: _____)
Florence + Gary Henry

Amount of contribution (\$)

Contributor address; City; State; Zip Code
112 W. Park Row Dr, ARL, TX. 76010

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5-8

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
2500 NE Green Oaks, ARL, TX 76006

1500.00

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 NUNEZ**

3 Filer ID (Ethics Commission Filers)

4 Date
5-8-19

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

7 Amount of contribution (\$)

750.00

6 Contributor address; City; State; Zip Code
3850 Bellair CT, Ft. Worth, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

200.00

5-13-19

Contributor address; City; State; Zip Code
500 W. 7th #1725, Ft. Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

50.00

5-22-19

Contributor address; City; State; Zip Code
1304 Cherokee ST, ARL. TX 76062

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Richmond + Reecia Stoglin

Amount of contribution (\$)

100.00

5-8-19

Contributor address; City; State; Zip Code
P.O. Box 171687, ARL. TX. 76003

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 NUNEZ

3 Filer ID (Ethics Commission Filers)

4 Date

5/7/19

5 Full name of contributor

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

Linebarger Goggan Blair + Simpson LLP

6 Contributor address; City; State; Zip Code

P.O. BOX 17428
AUSTIN, TX 78760

7 Amount of contribution (\$)

2000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/28/19

Full name of contributor

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

Douglas + Barbara McARTHUR

Contributor address; City; State; Zip Code

4611 Clay Court Lane, ARL, TX 76017

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-1-19

Full name of contributor

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

Vivian Harp

Contributor address; City; State; Zip Code

1517 Bluebonnet Trl, ARL, TX 76013

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-28-19

Full name of contributor

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

Craig Lidell

Contributor address; City; State; Zip Code

3708 Yachtclub DR. ARL TX 78016

Amount of contribution (\$)

300.00

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

5-6-19

5 Full name of contributor

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

Lee D. Smith

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

1708 Powell Dr, ARL TX 76013

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5-16-19

Full name of contributor

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

Sue + Jimmy Phillips

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

415 JOYCE ST ARL TX 76010

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-8-19

Full name of contributor

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

Sargent Investment LLC

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

2714 Sherman Grand Prairie, TX 75051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-14-19

Full name of contributor

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

Elizabeth Banda Calvo

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1108 Wishing Well Ct Cedar Hill, TX 75104

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 NUNEZ**

3 Filer ID (Ethics Commission Filers)

4 Date
5/14/19

5 Full name of contributor out-of-state PAC (ID#: _____)
CURUTT + HAFFER LLP

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
101 East Park Row ARL TX 76010

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
5-15-19

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

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
1509 Elizabeth St, ARL, TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/14/19

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
2022 Stone Canyon Ct, ARL, TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5-14-19

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
3416 Collard Rd, 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 NUMEZ

3 Filer ID (Ethics Commission Filers)

4 Date

5-14-19

5 Full name of contributor

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

Reidue, Brandon, Fielder, Collins, + MOTT LLP

6 Contributor address;

City; State; Zip Code

500 E. Border St ARL, TX, 76010

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/23/19

Full name of contributor

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

BILLIE Farnan

Contributor address;

City; State; Zip Code

600 W. Park Row ARL, TX, 76010

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-15-19

Full name of contributor

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

ARLINGTON POLICE ASSOCIATION PAC

Contributor address;

City; State; Zip Code

P.O. Box 856 ARL, TX 76004

Amount of contribution (\$)

2000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

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: 1	
2 FILER NAME IGNACIO NUÑEZ		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 307.15	
5 Date 5-20-19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARLINGTON POLICE ASSOCIATION PAC	8 Amount of Contribution \$ 307.15	9 In-kind contribution description SIGNS
7 Contributor address; City; State; Zip Code P.O. Box 856 ARL, TX 76004		<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.

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 NUMER		3 Filer ID (Ethics Commission Filers)	
4 Date 5-4-19		5 Payee name CINCY GREENE			
6 Amount (\$) 6358.00		7 Payee address; City; State; Zip Code P.O. Box 122594, ARL. TX 76012			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salary 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 5/24/19		Payee name DIGITAL CORPORATE COMPANIES			
Amount (\$) 2155.06		Payee address; City; State; Zip Code 801 Station Dr. Suite 109, ARL, TX 76015			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing / Postage		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	
Date 4-15-19		Payee name Mail box's + Such			
Amount (\$) 54.13		Payee address; City; State; Zip Code 2504 W. Park Row, ARL. 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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 NUNEZ		3 Filer ID (Ethics Commission Filers)	
4 Date 5-14-19		5 Payee name DRAFT HOUSE Gilligan			
6 Amount (\$) 184.36		7 Payee address; City; State; Zip Code 400 E. Abram, ARL. TX 76010			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense Food + Beverage		(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	
Date 5-30-19		Payee name IGNACIO NUNEZ			
Amount (\$) 909.79		Payee address; City; State; Zip Code 1800 RAYDON DR, ARL. TX 76013			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Reimbursement		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	
Date 5-31-19		Payee name MAYES MEDIA GROUP			
Amount (\$) 324.75		Payee address; City; State; Zip Code 312 Creekwood Dr. Sunnyvale, TX 75182			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Rolling 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	

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 FILER NAME IGNACIO NUMEZ	3 Filer ID (Ethics Commission Filers)
4 Date 5-4-19	5 Payee name Candlelight INN	
6 Amount (\$) 909.79 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1202 E. DIVISION ST, ARL, TX, 76010	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name IGNACIO NUMEZ	Office sought City Council District 5
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED