

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD
CITY SECRETARY**

**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:

26

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST Jungus	MI F.	OFFICE USE ONLY	
	NICKNAME	LAST JORDAN	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5316 STARRY COURT FORT WORTH, TEXAS 76123				
	Date Received 				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 343-2978	EXTENSION	Date Hand-delivered or Date Postmarked	
	Receipt #				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS.	FIRST ELAINE	MI	Amount \$	
	NICKNAME	LAST PETRUS	SUFFIX	Date Processed	
Date Imaged					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3736 COUNTRY CLUB FORT WORTH, TEXAS 76109				
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 996 2215	EXTENSION		
	817 924 8898				
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 Month Day Year 03 / 26 / 2019 THROUGH 04 / 24 / 2019				
11 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year 05 / 04 / 2019	<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) CITY COUNCIL MEMBER CITY OF FORT WORTH DISTRICT 6		13 OFFICE SOUGHT (if known) CITY COUNCIL MEMBER CITY OF FORT WORTH DISTRICT 6		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME JUNGUS JORDAN 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 33,485.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 59,460.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 59,890.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Jungus Jordan
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JUNGUS JORDAN, this the 26th day of APRIL, 2019, to certify which, witness my hand and seal of office.

Allison Tidwell
Signature of officer administering oath

Allison Tidwell
Printed Name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME <i>JUNGUS JORDAN</i>		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>33,485.⁰⁰</i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>59,460.⁷⁵</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10 of 19

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

3-26-19

5 Full name of contributor

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

DAVID L. and ELIZABETH WHITE

6 Contributor address;

City; State; Zip Code

7313 OLD MILL RUN
FORT WORTH, TEXAS 76133

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-26-19

Full name of contributor

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

JOSEPH D. or JAMES BENNETT

Contributor address;

City; State; Zip Code

4025 WEDGORTH ROAD S.
FORT WORTH, TEXAS 76133-2834

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-26-19

Full name of contributor

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

STEPHEN R. and DENISE McCUNE

Contributor address;

City; State; Zip Code

3800 WOSLEY DRIVE
FORT WORTH, TEXAS 76133

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-26-19

Full name of contributor

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

TIMOTHY and ELAINE PETRUS

Contributor address;

City; State; Zip Code

3736 COUNTRY CLUB CIRCLE
FORT WORTH, TEXAS 76109

Amount of contribution (\$)

500.00

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.

700.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 19

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

3-27-19

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

ROBERT D. and JOANI BENDA

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

608 PAINT PONY TRAIL N.
FORT WORTH, TEXAS 76108

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-28-19

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

MICHAEL A. COHEN

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

4223 ALTAMESA BLVD.
FORT WORTH, TEXAS 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-28-19

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

TAYLOR and SHIRLEE GANDY

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

4250 SARITA CT.
FORT WORTH, TEXAS 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-28-19

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

WILSON (RED) and CAROL LINDSAY

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

4345 CARTAGENA DRIVE
FORT WORTH, TEXAS 76133

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: 3 of 19
2 FILER NAME JUNGUS JORDAN		3 Filer ID (Ethics Commission Filers)
4 Date 3-28-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WANDA CONLIN and DON BOREN	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 1755 MARTEL AVE. FORT WORTH, TEXAS 76103		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-28-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES R. and CAROL DUNAWAY	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 500 ALTA FORT WORTH, TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-28-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS J. and ELLEN HARRIS	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 8040 VALLEY DRIVE NORTH RICHLAND HILLS 76182		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-28-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARD M. and BETH SLOGGIN	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 8505 THICKET CT. FORT WORTH, TEXAS 76123		
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.

850.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 19

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

3-28-19

5 Full name of contributor

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

WILLIAM B. and PATRICIA GORDON

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

5201 WINIFRED DRIVE
FORT WORTH, TEXAS 76133

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-29-19

Full name of contributor

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

VERNELL STURNS

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

612 HIGHWOODS TRAIL
FORT WORTH, TEXAS 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-29-19

Full name of contributor

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

THOMAS S. and JACQUELINE GALBREATH

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1177 CAMBRIA COURT
ALEDO, TEXAS 76008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-30-19

Full name of contributor

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

TERRY and ALLISON MONTESI

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

1701 RIVER RUN SUITE 500
FORT WORTH, TEXAS 76107

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.

500.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

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2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

3-30-19

5 Full name of contributor

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

JUDITH J. CARRIER

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

3720 WOOTEN DRIVE
FORT WORTH, TEXAS 76133

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-30-19

Full name of contributor

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

BNSF RAILPAC

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

P.O. Box 961039
FORT WORTH, TEXAS 76161-0039

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-30-19

Full name of contributor

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

BARCLAY E. and MARSHA C. BERDAN

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

3639 ENCANTO DR.
FORT WORTH, TEXAS 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-30-19

Full name of contributor

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

CHARLES W. and DIANNER R. NIXON

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

3560 MANDERLY PLACE
FORT WORTH, TEXAS 76109-4520

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:

6 of 19

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

3-30-19

5 Full name of contributor

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

T. OSCAR and CAROL TREVINO, JR.

6 Contributor address;

City; State; Zip Code

7805 AMY LANE, NORTH RICHLAND HILLS
TEXAS 76182

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-30-19

Full name of contributor

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

THOMAS A. and ADELAIDE BRATTEN
LEAVENS

Contributor address;

City; State; Zip Code

3839 SOUTH HILLS CIRCLE
FORT WORTH, TEXAS 76109

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-1-19

Full name of contributor

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

HAROLD MUCKLERDY, JR.

Contributor address;

City; State; Zip Code

3455 RANCH VIEW COURT
FORT WORTH, TEXAS 76109

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-1-19

Full name of contributor

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

JOHN H. MADDUX and LINDA MADDUX

Contributor address;

City; State; Zip Code

2120 RIDGMAR BLVD. SUITE 14
FORT WORTH, TEXAS 76116

Amount of contribution (\$)

500.00

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: 7 of 19
2 FILER NAME JUNGUS JORDAN		3 Filer ID (Ethics Commission Filers)
4 Date 4-2-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. & MRS. JOHN V. ROACH II	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 2805 ALTON ROAD FORT WORTH, TEXAS 76109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4-2-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE and ROSIE MONCRIEF	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 777 TAYLOR STREET, SUITE 1030 FORT WORTH, TEXAS 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4-2-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY FICKES CAMPAIGN	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 4704 CABERNET CIRCLE COLLEYVILLE TEXAS 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4-3-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS GARCIA	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 8136 CAMP BOWIE WEST FORT WORTH, TEXAS 76116		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

800.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8 of 19

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

4-3-19

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

GLEN and MARGARET ESTES

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code
2151 GREENOAKS ROAD, APT 3603
FORT WORTH, TEXAS 76116

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-3-19

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

JO HICKMAN

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
2125 FOUNTAIN SQUARE DRIVE
FORT WORTH, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-3-19

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

JACK and JANET STEVENS

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
116 N. BROADWAY ROAD
AZLE, TEXAS 76020

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-4-19

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

J. CHRIS and SALLY GAURAS

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code
1301 THROCKMORTON
FORT WORTH, TEXAS 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: 9 of 19
2 FILER NAME JUNGUS JORDAN		3 Filer ID (Ethics Commission Filers)
4 Date 4-4-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE O. ROGERS	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 201 PECAN ST. FORT WORTH, TEXAS 76102		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-4-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTHA V. LEONARD	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 1411 SHADY OAKS LANE FORT WORTH, TEXAS 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-4-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BO V. CUNG	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 8033 SUNSCAPE LANE FORT WORTH, TEXAS 76123		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-4-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRED PARKER	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 7051 ALLEN PLACE FORT WORTH, TEXAS 76116		
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>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

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2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

4-5-19

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

WILLIAM J. and KAREN HUNN

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

4304 MISTY MEADOW DRIVE
FORT WORTH, TEXAS 76133

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-5-19

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

FREESE and NICHOLS PAC

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

4055 INTERNATIONAL PLAZA, STE 200
FORT WORTH, TEXAS 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-5-19

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

MICHAEL J. and MAUREEN HARRIS

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

1328 S. ADAMS STREET
FORT WORTH, TEXAS 76104

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-6-19

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

REED PIGMAN, JR.

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

200 TEXAS WAY
FORT WORTH, TEXAS 76106

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.

1400.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11 of 19

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

4-8-19

5 Full name of contributor

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

GARY W. and ANN TERRY

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

117 SHADY LAKE CT.
EULESS HURST, TEXAS 76054

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-8-19

Full name of contributor

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

SALLY B. ALLSUP

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

5662 VEGA DRIVE
FORT WORTH, TEXAS 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-8-19

Full name of contributor

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

JAMES B. and NORMA J. WALKER

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

3804 WHARTON DRIVE
FORT WORTH, TEXAS 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-8-19

Full name of contributor

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

DAVID L. and ELIZABETH WHITE

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

7313 OLD MILL RUN
FORT WORTH, TEXAS 76133

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:
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2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

4-8-19

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

MITCH REITMAN

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

3805 TRAILS EDGE
FORT WORTH, TEXAS 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-11-19

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

EDITH S. JONES

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

5502 FULL MOON
FORT WORTH, TEXAS 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-11-19

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

CLARENCE and IVANNA WIESEPAPE

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

5109 SUNSCAPE LANE
FORT WORTH, TEXAS 76123

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

RANDALL C. and ELIZABETH GIDEON

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

425 NURSERY LANE
FORT WORTH, TEXAS 76114

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:

13 of 19

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

4-11-19

5 Full name of contributor

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

DAN E. LOWRANCE

7 Amount of contribution (\$)

1,000.00

6 Contributor address; City; State; Zip Code

2008 FOUR OAKS LANE
FORT WORTH, TEXAS 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-11-19

Full name of contributor

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

DONALD K. JURY

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

436 HALTOM ROAD
FORT WORTH, TEXAS 76117

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-10-19

Full name of contributor

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

BENJAMIN D. LOUGHRY

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

5309 ELCAMPO
FORT WORTH, TEXAS 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-10-19

Full name of contributor

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

APT. ASSOCIATION TARRANT COUNTY
PAC

Amount of contribution (\$)

2,500.00

Contributor address; City; State; Zip Code

6350 BAKER BLVD.
RICHLAND HILLS, TEXAS 76118

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:

14 of 19

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

4-12-19

5 Full name of contributor

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

JAMES V. BURNETT

7 Amount of contribution (\$)

25.00

6 Contributor address; City; State; Zip Code

1600 TEXAS STREET # 2804
FORT WORTH, TEXAS 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-12-19

Full name of contributor

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

CLAUDE D. BROWN

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

6149 WALLA AVENUE
FORT WORTH, TEXAS 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-12-19

Full name of contributor

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

JOSEPH K. and MARY K. DULLE

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

2127 PEMBROKE
FORT WORTH, TEXAS 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-12-19

Full name of contributor

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

GREATER FORT WORTH ASSOCIATION OF REALTORS FOR PAC - NON CORPORATE

Amount of contribution (\$)

4,000.00

Contributor address; City; State; Zip Code

2650 PARKVIEW DRIVE
FORT WORTH, TEXAS 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:

15 of 19

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

4-12-19

5 Full name of contributor

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

KENNETH E. JONES, JR.

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

3509 SAGECREST TERRACE
FORT WORTH, TEXAS 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-18-19

Full name of contributor

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

LINEBARGER, GOGGAN, BLAIR & SAMPSON, LLP

Amount of contribution (\$)

2,500.00

Contributor address; City; State; Zip Code

100 THROCKMORTON STREET, SUITE 300
FORT WORTH, TEXAS 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-15-19

Full name of contributor

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

RICE M. TILLEY, JR. and SANDRA B. TILLEY

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

1301 THROCKMORTON # 2602
FORT WORTH, TEXAS 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-15-19

Full name of contributor

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

Col. DIETER W. and MARY E. SATZ

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

4305 MISTY MEADOW DRIVE
FORT WORTH, TEXAS 76133-7021

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:

16 of 19

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

4-15-19

5 Full name of contributor

GIB LEWIS

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

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

2300 RACE STREET
FORT WORTH, TEXAS 76111

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-17-19

Full name of contributor

FORT WORTH REPUBLICAN WOMEN PAC

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

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

P.O. BOX 101613
FORT WORTH, TEXAS 76185-1613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-12-19

Full name of contributor

HAYDN H. CUTLER, JR.

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

Amount of contribution (\$)

2500.00

Contributor address; City; State; Zip Code

3825 CAMP BOWLE
FORT WORTH, TEXAS 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-15-19

Full name of contributor

BELL HELICOPTER TEXTRON INC, PAC

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

Amount of contribution (\$)

350.00

Contributor address; City; State; Zip Code

P.O. BOX 482
FORT WORTH, TEXAS 76101

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.

3150.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17 OF 19

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

4-18-19

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

LARRY and KAREN ANFIN

6 Contributor address; City; State; Zip Code

7020 CASTLECREEK COURT

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-20-19

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

KAY GRANGER CAMPAIGN FUND

Contributor address; City; State; Zip Code

1701 RIVER RUN, SUITE 308
FORT WORTH, TEXAS 76107

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-22-19

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

G. MALCOLM LOUDEN

Contributor address; City; State; Zip Code

500 W. 7th Street, Unit #27561007
FORT WORTH, TEXAS 76102-4773

Amount of contribution (\$)

5,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-22-19

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

STACEY JANDRUCKO

Contributor address; City; State; Zip Code

13908 WALSH AVENUE
FORT WORTH, TEXAS 76008

Amount of contribution (\$)

1,000.00

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.

6750.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

18 of 19

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

4-24-19

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

MARY FAGRAS

7 Amount of contribution (\$)

10.00

6 Contributor address; City; State; Zip Code

3425 WREN AVENUE
FORT WORTH, TEXAS 76133

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-23-19

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

GREATER FORT WORTH REAL ESTATE
COUNCIL PAC

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

777 MAIN ST. #2100
FORT WORTH, TEXAS 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-24-19

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

POLITICAL ACTION COMMITTEE OF
PACHECO KOCH

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

7557 RAMBLER ROAD, STE. 1400
DALLAS, TEXAS 75231-2388

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-24-19

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

JAMES and Shirley DANNENBAUM

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

2908 DEL MONTE DR.
HOUSTON, TEXAS 77019

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:

19 of 19

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

4-24-19

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

ROSA NAVEJAR

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

2701 CALDER CT.
FORT WORTH, TX 76107-3077

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-24-19

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

CARL and ALLISON KROGNESS

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

3721 ARROYO ROAD
FORT WORTH, TEXAS 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 4	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
4 Date 4-2-2019	5 Payee name THE EPPSTEIN GROUP	
6 Amount (\$) 15,000	7 Payee address; City; State; Zip Code 2830 S. HULEN STREET #361 FORT WORTH, TEXAS 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING 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 <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 4-9-2019	Payee name THE FORT WORTH CLUB	
Amount (\$) 225.16	Payee address; City; State; Zip Code 306 West Seventh STREET FORT WORTH, TEXAS 76102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - DUES	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	
Date 4-2-2019	Payee name THE EPPSTEIN GROUP	
Amount (\$) 12,750.00	Payee address; City; State; Zip Code 2830 S. HULEN STREET #361 FORT WORTH, TEXAS 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER: GRASS ROOTS ACTIVITIES AND CONSULTING	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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

27,975.16

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 of 4	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
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4 Date 4-2-2019	5 Payee name THE EPPSTEIN GROUP
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6 Amount (\$) 2,327. ³⁸ / _{XX}	7 Payee address; City; State; Zip Code 2830 S. HULEN ST. #361 FORT WORTH, TEXAS 76109
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE PUSH CARDS & DOOR HANGERS	(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 4-2-2019	Payee name THE EPPSTEIN GROUP
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Amount (\$) 900. ⁷⁸ / _{XX}	Payee address; City; State; Zip Code 2830 S. HULEN ST. #361 FORT WORTH, TEXAS 76109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE! LETTERS & ENVELOPES POSTAGE	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 4-10-2019	Payee name THE EPPSTEIN GROUP
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Amount (\$) 7325. ⁸⁷ / _{XX}	Payee address; City; State; Zip Code 2830 S. HULEN ST. #361 FORT WORTH, TEXAS 76109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE and 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	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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 4	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
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4 Date 4-16-2019	5 Payee name THE EPPSTEIN GROUP
----------------------------	---

6 Amount (\$) 14,500.00	7 Payee address; City; State; Zip Code 2830 S. HULEN ST. #361 FORT WORTH, TEXAS 76109
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER: GRASS ROOTS ACTIVITIES AND 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
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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 4-16-2019	Payee name GLEN ELLMAN PHOTOGRAPHY
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Amount (\$) 92.01 / XX	Payee address; City; State; Zip Code P.O. BOX 126081 BEWBRDOK, TEXAS 76126
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER: PHOTOGRAPHY FOR MAILER	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 4-18-2019	Payee name THE EPPSTEIN GROUP
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Amount (\$) 706.00	Payee address; City; State; Zip Code 2830 S. HULEN ST. #361 FORT WORTH, TEXAS 76109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

15,298.01

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: 4 of 4	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
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4 Date 4-24-2019	5 Payee name THE EPPSTEIN GROUP
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6 Amount (\$) 5,633.⁵⁵_{xx}	7 Payee address; City; State; Zip Code 2830 S. HULEN ST. #361 FORT WORTH, TEXAS 76109
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING Expense and postage for mailer	(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 (\$)	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
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

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

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

5633.55