	TE / OFFICEHO	OLDER &	ECET 2012  JAN 17 2012  JAN 17 2016  JAN 17	FORM C/OH COVER SHEET PG 1	
The C/OH Instruction	Guide explains how to comp		ACTOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MR, J	uNGUS st	SUFFIX	OFFICE USE ONLY  Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  change of address	ADDRESS / PO BOX: APT / SUITE  5316 STAR			OFFICIAL RECOF	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NU (\$17) 343	- 2978	EXTENSION :	Date Processed	
6 CAMPAIGN TREASURER NAME	MRS. E	ETRUS	MI SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEAS 3736 CO			ZIP CODE 76109	
8 CAMPAIGN TREASURER PHONE	area code phone nu (817) 924-	MBER 898	EXTENSION		
9 REPORT TYPE		day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 7 1 2011	THROUGH	Month Day	Year	
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE Pnmary	Ruroff	General Special	
12 OFFICE	OFFICE HELD (If any) COUNCIL MEMB DISTRICT 6 CITY OF FOR	TWORTY, TX	3 OFFICE SOUGHT (If know	vn)	
GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Junga	s JORDAN 15	ACCOUNT # (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE E HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDA ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	TE'S OR OFFICEHOLDER'S KNOWLEDGE OR				
	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	GENERAL COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS					
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 28,010.22						
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	ED \$				
	4. TOTAL	POLITICAL EXPENDITURES	\$ 10,416.4				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 10,416.19 \$ 12,851.18				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$				
18 AFFIDAVIT		I swear, or affirm, under penalty of pe	riury, that the accompanying report				
N N	RONALD P. GONZ lotary Public, State o My Commission Ex May 17, 2012	is true and correct and includes all interpretation me under Title 15, Election Code.  Texas pires	formation required to be reported by				
		Signature of Candib	te or Officeholder				
AFFIX NOTARY STAM		me, by the said Mogus Jorian	, this the				
<b>→</b> 10 ii	of Januar	; 12 ()	hand and seal of office.				
Signature of officer admi	nistering oath	Printed name of officer administering oath	/ Lic / Tiry				

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME	JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
8-13-11	6 Contributor address; City: State: Zip Code 4223 Alta Mesa Blud.	250.00
	FORT WORTH, Texas 76133	(If travel outside of Texas, complete Schedule T)
9 Principal occup		See Instructions)
Date	Full name of contributor   out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
8-15-11	Contributor address; City: State; Zip Code P. O. Box 128	250.00
	BONDURANT, WY82922-01	(If travel outside of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (S	Gee Instructions)
Date	Full name of contributor   out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
8-15-11	Contributor address: City: State: Zip Code  APT. 4315, 6301 GRANBURY  CUT OFF  FORT WORTH, TEXAS 76132:	100. Sur (If travel outside of Texas, complete Schedule T)
Principal occup		See Instructions)
Date	Full name of contributor   out-of-state PAC (ID#	
8-15-11	Contributor address: City: State: Zip Code 4113 WILLOW WAY Road	100.00
	FORT WORTH, TEXAS 76133	(If travel outside of Texas, complete Schedule T)
Principal occup		See Instructions)
Date	Full name of contributor   oul-of-stale PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
8-15-11	Contributor address. City: State: Zip Code 7312 LEMON WOOD LANE	100.00
	FORT WORTH, TEXAS 76133-	(If travel outside of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (S	ee Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	
If c	ontributor is out-of-state PAC, please see instruction guide for	radditional reporting requirements.

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Revised 09/28/2011

1 05 15

#### SCHEDULE A

RENNET H L. BARR  Contribution (s) description (if applicate Secretion (if app	Tł	e Instruction Guide explains how to complete this form.	1 Total pages Sch	edule A:
KENNETH L. BARR   Contributor address; City. State. Zip Code   3101 AVONDALE AVENUE   150, 00		JUNGUS JORDAN	3 ACCOUNT # (E	thics Commission Filers)
Principal occupation / Job title (See Instructions)  Date  FUll name of contributor  CHARLES E and Suzanne WELLS  Contributor address: City: State: Zip Code FORT WORTH, TEXAS 76/33  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Charles E and Suzanne WELLS  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Charles E and Suzanne WELLS  Contributor address: City: State: Zip Code FORT WORTH, TEXAS 76/33  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Charles E and Suzanne WELLS  Contributor address: City: State: Zip Code FORT WORTH, TEXAS 76/33  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Out-of-state PAC(IDs FORT WORTH, TEXAS 76/33  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address: City: State: Zip Code FORT WORTH, TEXAS 76/32-37  (If travel outside of Texas, complete Schedule T)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address: City: State: Zip Code Source See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address: City: State: Zip Code Source See Instructions)  Contributor (if applicable contribution (s) description		KENNETH L. RAPP	,	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address: City: State: Zip Code 6909 CHURCH PARK DRIVE FORT WDRTH, TEXAS 76/33  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address: City: State: Zip Code 8909 CHURCH PARK DRIVE FORT WDRTH, TEXAS 76/33  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  JUANITA N. KIRTLEY  Contributor address: City: State: Zip Code FORT WORTH, TEXAS 76/33  Employer (See Instructions)  Date  Full name of contributor  Contributor address: City: State: Zip Code FORT WORTH, TEXAS 76/33  Employer (See Instructions)  Date  Full name of contributor  Contributor address: City: State: Zip Code FORT WORTH, TEXAS 76/32-3704  Employer (See Instructions)  Date  Full name of contributor  Contributor ASTRE CREEK DRIVE E. FORT WORTH, TEXAS 76/09  (If travel outside of Texas, complete Schedule T)  Contributor address City: State: Zip Code 3601 OVERTON PARK DRIVE E. FORT WORTH, TX 76/09  (If travel outside of Texas, complete Schedule T)	8-17 1	3 10 1 AVONDALE AVENUE	1	
Date    Full name of contributor	Principal occi	inction / lab title (O )		f Texas, complete Schedule T)
GLEN A. and MARGARET ESTES  GLEN A. and MARGARET ESTES  Contributor address: City: State: Zip Code 6909 CHURCH PARK DRIVE FORT WDRTH, TEXAS 76/33 (if travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor CHARLES E and Suzanne WEZLS Contributor address: City: State: Zip Code FORT WORTH, TEXAS 76/33 (if travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor		TO Employer (Se	e instructions)	
FORT WORTH, TEXAS 76/33  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  CHARLES E and Suzawne WELLS  Contributor address: City. State: Zip Code  Fort Worth, Texas 76/33  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  CHARLES E and Suzawne WELLS  Sqos WALRAVEN CIRCLE  FORT Worth, Texas 76/33  (If travel outside of Texas, complete Schedule T)  Employer (See Instructions)  Date  Full name of contributor  JUANITA N. KIRTLEY  Contributor address: City. State: Zip Code  RO2H CASTLE CREEK DRIVE E.  FORT WORTH, TEXAS 76/32-3704  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Gui-of-state PAC (IDs)  FORT WORTH, TEXAS 76/32-3704  (If travel outside of Texas, complete Schedule T)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Gui-of-state PAC (IDs)  FORT WORTH, TEXAS 76/32-3704  (If travel outside of Texas, complete Schedule T)  Contributor address: City. State. Zip Code  Amount of contribution (s) in-kind contribution description (if applicable)  Contributor address. City. State. Zip Code  Fort Worth, TX 76/09  (If travel outside of Texas complete Schedule T)		GLEN A. and MARGARET ESTES	Amount of contribution (\$)	In-kind contribution description (if applicable
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  CHARLES & and Suzanne Wells  Contributor address: City: State: Zip Code  FORT WORTH, TEXAS 76 33  (If travel outside of Texas, complete Schedule T)  Fort worth Texas 76 33  (If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor out-of-state PAC (ID#  FORT WORTH, TEXAS 76 33  (If travel outside of Texas, complete Schedule T)  Amount of contribution (\$) description (if applicable to the pack of texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) description (if applicable to the pack of texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Full name of contributor of contributor (If applicable)  Contributor address City: State: Zip Code  3601 OVERTON PARK DRIVE E.  FORT WORTH, TX 76109  (If travel outside of Texas, complete Schedule T)  (If travel outside of Texas, complete Schedule T)	í-[6 -[1	6909 CHURCH PARK DRIVE	100.00	
Date  Full name of contributor  CHARLES E and Suzanne Wells  Contributor address: City: State: Zip Code FORT WORTH, TEXAS 76/33  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  In-kind contribution description (if applicable of Texas, complete Schedule T)  FORT WORTH, TEXAS 76/33  (if travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address: City: State: Zip Code  FORT WORTH, TEXAS 76/32-3704  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  In-kind contribution description (if applicable of Texas, complete Schedule T)  Employer (See Instructions)  In-kind contribution (s) in-kind contribution description (if applicable)  In-kind contribution of In-kind contribution description (if applicable)  In-kind contribution of In-kind contribut	Dringing age		(If travel outside of	Texas, complete Schedule T)
CHARLES E and Suzawne Wells contribution (s) description (if applicable contribution contribution contribution contribution contribution contribution (s) description (if applicable contribution contribution contribution (s) description (if applicable contribution contribution contribution contribution contribution (s) description (if applicable contribution contribution contribution contribution (s) description (if applicable contribution contribution contribution (s) description (if applicable contribution contribution contribution (s) description (if applicable contribution contribution contribution contribution (s) description (if applicable contribution contribution contribution contribution contribution contribution (s) description (if applicable contribution contribution contribution (s) description (if applicable contribution contributi	- Hincipal occu	pation / Job title (See Instructions) Employer (See	e Instructions)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  JUANITA N. KIRTLEY  Contributor address: City: State: Zip Code  PORT WORTH, TEXAS 76132-3704  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor  LOUISE BRITT CARVEY  Contributor address: City. State: Zip Code  3601 OVERTON PARK DRIVE E.  FORT WORTH, TX 76109  (If travel outside of Texas, complete Schedule T)  In-kind contribution description (if applicable)  In-kind contribution description (if applicable)  Soo. 60  FORT WORTH, TX 76109  (If travel outside of Texas, complete Schedule T)		CHARLES E and SUZANNE WELLS		In-kind contribution description (if applicable
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (if applicable contribution (if applicable contribution (if applicable contribution / JUANITA N. KIRTLEY  Contributor address: City: State: Zip Code  FORT WORTH, TEXAS 76132-3704  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  (If travel outside of Texas, complete Schedule T)  Amount of contribution (if applicable)  Contributor address. City. State: Zip Code  3601 OVERTON PARK DRIVE E.  FORT WORTH, TX 76109  (If travel outside of Texas, complete Schedule T)	-16-11	•		
Date    Full name of contributor   out-of-state PAC (ID#   JUAN   TA N. KIRTLEY   Contribution (S)   description (if applicable   PORT WORTH, TEXAS   Total   Texas	Principal occur		(If travel outside of	Texas, complete Schedule T)
JUANITA N. KIRTLEY  Contributor address: City: State: Zip Code  RO24 CASTLE CREEK DRIVE E.  FORT WORTH, TEXAS 76132-3704  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Pale  Full name of contributor  LOUISE BRITT CARVEY  Contributor address. City. State: Zip Code  3601 OVERTON PARK DRIVE E.  FORT WORTH, TX 76109  (If travel outside of Texas, complete Schedule T)		Employer (See	Instructions)	
FORT WORTH, TEXAS 76132-3704  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  LOUISE  BRITT CARVEY  Contributor address. City. State: Zip Code  3601 OVERTON PARK DRIVE E.  FORT WORTH, TX 76109  (If travel outside of Texas, complete Schedule T)	Date	JUANITA N. KIRTLEY		In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor	-16-11	7024 CASTLE CREEK DRIVE E.		
Louise BRITT CARVEY Contributor address. City. State: Zip Code 3601 OVERTON PARK DRIVE E. FORT WORTH, TX 76109 (If travel outside of Texas, complete Schedule T)	Principal occup	ation / Joh title (See Jesteustine)	(If travel outside of T	exas, complete Schedule T)
3601 OVERTON PARK DRIVE E. 500. 50 FORT WORTH, TX 76109 (If travel outside of Texas, complete Schedule T)	Date	Full name of contributor out-of-state PAC (ID#	Amount of	In-kind contribution
FORT WORTH, TX 76109 (If travel outside of Texas, complete Schedule T)	16-11	LOUISE BRITT CARVEY  Contributor address. City. State: Zip Code	contribution (\$)	description (if applicable)
(If travel outside of Texas, complete Schedule T)	10 1		500.00	
	rincipal occupa	Night / Johnston	(If travel outside of Te	exas complete Schedule T)

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Revised 09/28/2011

#### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME JUNGUS JORDAN 5 Full name of contributor \_\_out-of-state PAC (ID#:\_ 8 In-kind contribution 8-16-11 6 Contributor address; City; State; Zip Code 341 NURSERY LANE contribution (\$) | description (if applicable) 100.00 FORT WORTH, TEXAS 76/19 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Amount of In-kind contribution contribution (\$) description (if applicable) REED PIGMAN JR. Contributor address; City; State; Zip Code 200 TEXAS WAY 8-17-11 FORT WORTH, TEXAS 76106 Principal occupation / Job title (See Instructions) Full name of contributor \_\_\_ out-of-state PAC (ID#:\_\_ WILLIAM B. OR PATRICIA GORDON 8-17-11 Contributor address; City; State; Zip Code 5 2 0 1 WINIFRED In-kind contribution description (if applicable) FORT WORTH, TEXAS 76133 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Pate Full name of contributor LELAND A. HODGES Contributor address; City; State; Zip Code 15 W. 754 ST., STE 1310 FORT WORTH, TEXAS 76102 (If travel outside Full name of contributor \_\_\_ out-of-state PAC (ID#:\_ Date Amount of In-kind contribution description (if applicable)

FORT WORTH, TEXAS 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Employer (See Instructions)

Full name of contributor out-of-stale PAC(ID# Amount of contribution (\$) description (if applicable)

WILSON J. OR CAROL LINDSAY

Contributor address; City, State; Zip Code 4345 CARTAGEWA

FORT WORTH, TEXAS 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

3 of 15

P.O. Box 12070

#### SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	dule A: 15
2 FILER NAME	JUNGUS JORDAN		3 ACCOUNT # (Eth	nics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC (ID#_ LEE + KATHY		contribution (\$)	8 Irr-kind contribution description (if applicable)
8-17-11	6 Contributor address; City; State; Zip Code 3882 SOUTH HILLS		100.00	
	FORT WORTH, TEXAS	76109	(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_FORT WORTH RETTRED FIREFI AND WIDOWS COMMITTEE FOR RE	GATERS SPONSIBLE GOUT.	Amount of contribution (\$)	In-kind contribution description (if applicable)
8-17-11	1617 TIERNEY ROAD		500.00	
	FORT WORTH, TEXAS	76112	(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_WAYLON B. and BETTY	KIRK	Amount of contribution (\$)	In-kind contribution description (if applicable)
8-17-11	Contributor address; City; State; Zip Code 3520 WHARTOW DRI	VE	50.00	
	FORT WORTH, TEXAS	5 76133	(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
8-18-11	Contributor address; City; State; Zip Code 4025 WEDGWORTY R	OAD 5.	50.00	
	FORT WORTH, TEXAS	76133-2834	(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#	υ	Amount of contribution (\$)	In-kind contribution description (if applicable)
8-18-11	Contributor address; City; State; Zip Code 1207 HILLCREST ST.		1,000.00	
	FORT WORTH, TX 7	6107	(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		
			······································	-

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

(512) 463-5800

Texas Ethics Commission

### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sche	edule A: 5 of 15	
2 FILER NAME	JUNGUS JORDAN		3 ACCOUNT # (Et	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#_  CLAUDE and CLAIRE	F BROWN	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
8-19-11	6149 WALLA AVEWA		100.00		
	FORT WORTH, TEXAS	; (6/33-227)	(If travel outside o	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	and the same of th	
Date	Full name of contributor  out-of-state PAC (ID#_ LANCE W, OR. SUSAN		Amount of contribution (\$)	In-kind contribution description (if applicable)	
8-19-11	877 / //		250.00		
	FORT WORTH, TX	16116	(If travel outside of	f Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#_PAUL E. ANDREWS		Amount of contribution (\$)	In-kind contribution description (if applicable)	
8-19-11	PAUL E. ANDREWS Contributor address; City; State; Zip Code 700 JEWKINS ROAD		500. €		
1	ALEDO, TEXAS 76	008	(If travel outside o	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		1 Idads, compress control	
Date	Full name of contributor out-of-state PAC (ID#_WINSTON D. and DIXIE	E D. SEAMAN	Amount of contribution (\$)	In-kind contribution description (if applicable)	
8-20-11	WINSTON D. and DIXIE  Contributor address; City; State; Zip Code  7320 LEMONWOOD LA		100.00		
	FORT WORTH, TX 7	16/33-7010	(If travel outside of	f Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		Thereby servings	
Date	Full name of contributor out-of-state PAC (ID#: CARROL and CONNIE	MEREDITY	Amount of contribution (\$)	In-kind contribution description (if applicable)	
8-20-11	Contributor address; City; State; Zip Code 5524 BYERS AVEW	1	250.00		
	FORT WORTH, TX	76107	(If travel outside of	f Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Texas Ethics Com	nmission P.O. Box 12070 Austin, Texas	s 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)		
POLITICAL CONTRIBUTIONS						
	OTHER THAN PLEDGES OR LOANS  SCHEDULE A					
OTHER	OTHER THAN PLEDGES ON LOANS					
The	Instruction Guide explains how to complete this t	form.	1 Total pages Sche	dule A: 6 of 15		
2 FILER NAME			3 ACCOUNT # (Ett	nics Commission Filers)		
	JUNGUS JORDAN	/	_			
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	ANNE and BARNEY HO	LLAND, JR.		accompact (it applicable)		
18-22-11	6 Contributor address; City; State; Zip Code 3647 ENCANTO DRI		1,000.00			
	3647 ENCANTO DRI	VE	'/			
	FORT WORTH, TX 76	109- 3545	(If travel outside of	Texas, complete Schedule T)		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	REED K. BILZ  Contributor address; City; State; Zip Code  6130 HALEY LANE		contribution (4)	description (it applicable)		
8-24-11	Contributor address; City; State; Zip Code		25.00			
	6130 HALFY LANE		25.			
	FORT WORTH, TX	76132	(If travel outside of	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution		
Date	MR. and MRS, ROBERT	D BROWN	contribution (\$)	description (if applicable)		
	Contributor address; City; State; Zip Code	<i>D. D. C. C. C. C. C. C. C. C</i>				
8-23-11	328 CHATEAU DRIV	E	100.00			
	FORT WORTH, TX 7		<del></del>	Texas, complete Schedule T)		
Principal occur	pation / Job title (See Instructions)	Employer (See II	nstructions)			
Date	Full name of contributor		Amount of	In-kind contribution		
	HOLT HICKMAN		contribution (\$)	description (if applicable)		
8 20.11	HOLT HICK MAN  Contributor address; City; State; Zip Code  5800 MERRY MOUNT R		1 000 00			
0-20-11	5800 MERRY MOUNT R	OAD	1,000.			
	FORT WORTH, TX 7		(If travel outside of	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See In		rexas, complete schedule 1)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution		
	JAMES R. DUNAWAY	/	contribution (\$)	description (if applicable)		
8-23-11	JAMES R. DUNAWAY  Contributor address; City; State; Zip Code  777 TAYLOR ST., S.	INVA	500.00			
0.23.	777 TAYLOR ST., S	7 E. 1090	500.			
	FORT WORTH, TEXAS	76102	((5.5-1)-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Towns assessment C to the To		
(If travel outside of Texas, complete Schedule T)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
			, 			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE	AS NEEDED			
If co	ontributor is out-of-state PAC, please see instruc	tion guide foraddi	tional reporting re	equirements.		
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Texas Ethics Com	nmission	P.O. Box 12070	Austin, Te	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE A						
The	Instruction Gu	ide explains how to	o complete th	is form.	1 Total pages Sch	Pedule A: 7 , 4 15
2 FILER NAME	Jun	ious Jor	DAN		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name	of contributor	ut-of-state PAC (ID#:_	)	7 Amount of	8 In-kind contribution
	1			IA MEADOWS	contribution (\$)	description (if applicable)
8-23-11	6 Contributor 3904	raddress; City; S HAM I L1	tate; Zip Code	VEWUE	200.00	1   
	FOR	T WORT	4, TX	76107	(If travel outside	l of Texas, complete Schedule T)
9 Principal occu	pation / Job title	(See Instructions)		10 Employer (See	·	
Date		of contributor of	ut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
8-27-11	Contributor 4262	address; City; Si	tate; Zip Code -	•	100.00	
	FORT	WORTH,	TX -	76/33	/If terms of contains a	of Tourse associate Cabudula Ti
Principal occuj	<del>*</del>	(See Instructions)		Employer (See I		of Texas, complete Schedule T)
Date		of contributor 🔲 or	ut-of-state PAC (ID#:_ CARR 1 (		Amount of contribution (\$)	In-kind contribution description (if applicable)
8-23-11	Contributor	address; City; Si	tate; Zip Code	PRIVE	250.00	
	FOR	T WORT	H, TX	76133	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title	(See Instructions)		Employer (See I		
Date		of contributor 🔲 ou	ut-of-state PAC (ID#:_		Amount of	In-kind contribution
4 01 11	MART	THA V.	LEONA	FRD	contribution (\$)	description (if applicable)
8-26-11		THA V. address; City, St SHADY			100.00	
	FORT	WORT	4, TX	76107	(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title	(See Instructions)		Employer (See In		· Toxas, estimplicit contended 17
Date	BERN	ARD and		N APPEL	Amount of contribution (\$)	In-kind contribution description (if applicable)
8-25-11		address, City, St.			100.00	
	FORT	WORT	H,TX	76109	(If travel outside o	f Texas, complete Schedule T)
Principal occup		(See Instructions)	·	Employer (See In		
		ATTACH ADDITION	IAL COPIES O	OF THIS SCHEDULE A	AS NEFDED	
				JOILLOULE		

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

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P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this form.	1	Total pages Sch	edule A: 8 of 15	
2 FILER NAME	JUNGUS JORDAN	3	ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#		Amount of ontribution (\$)	8 In-kind contribution description (if applicable)	
8-24-11	JOESPH and MARY DU  6 Contributor address; City; State; Zip Code  2127 PEMBROKE		100.00		
	FORT WORTH, TX 76		(If travel outside	f Texas, complete Schedule T)	
9 Principal occup		loyer (See Inst	ructions)		
Date	Full name of contributor	C	Amount of ontribution (\$)	In-kind contribution description (if applicable)	
8-26-11	Contributor address; City; State; Zip Code 4520 WASH BURN AVENU	1	100.00		
	FORT WORTH, TEXAS 7	6116	(If travel outside of	of Texas, complete Schedule T)	
Principal occup		loyer (See Inst	ructions)		
Date	Full name of contributor out-of-state PAC (ID#	<u>ч Д</u> «	Amount of ontribution (\$)	In-kind contribution description (if applicable)	
8-20-11	MR. and MRS. JOHN V. ROAC.  Contributor address; City; State; Zip Code  2805 ALTON ROAD		250.00		
	FORT WORTH, TEXAS 76	109	(If travel outside of	of Texas, complete Schedule T)	
Principal occup		loyer (See Insti	ructions)		
Date	Full name of contributor out-of-state PAC (10* HAVE	WER	Amount of ontribution (\$)	In-kind contribution description (if applicable)	
8-22-1	Contributor address; City; State; Zip Code P. O. BOX 121969		250.00		
	FORT WORTH, TX 76121	1-1969	(If travel outside o	f Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions) Empl	oyer (See Instr	uctions)		
Date	Full name of contributor out-of-state PAC (ID#	472 c	Amount of ontribution (\$)	In-kind contribution description (if applicable)	
8-29-11	DIETER W. and MARY SA Contributor address; City, State; Zip Code 4305 MISTY MENDON DRI	VE	100.00		
	FORT WORTH, TEXAS 7613	3-1021	(If travel outside o	f Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions) Emplo	oyer (See Instr	uctions)		

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Texas Ethics Con	nmission P.O. Box 12070 Austin, Tex	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)	
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE A					
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A: 9 of 15	
2 FILER NAME	Jungus Jordan		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor Out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
8-29-11	6 Contributor address; City; State; Zip Code 201 MAIN STREET, ST	E 2200	100.00		
	FORT WORTH, TX	т	L	of Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#_ TIMOTHY L. and ELAIN	PETRUS	Amount of contribution (\$)	In-kind contribution description (if applicable)	
8-22-11	3/30 200.00	CIRCLE	1,000.00		
	FORT WORTY, TX	76109	(If travel outside o	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor  out-of-state PAC (ID#_ ) AMES R. HARR		Amount of contribution (\$)	In-kind contribution description (if applicable)	
8-24-11	Contributor address; City; State; Zip Code 619 RIVER CREST		1,000.00		
	FORT WORTH, TX	76107	(If travel outside of	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#_ JAMES and JUDY	SC4ELL	Amount of contribution (\$)	In-kind contribution description (if applicable)	
8-30-11	JAMES and JUDY Contributor address; City; State; Zip Code 901 FORT WORTH CLU FORT WORTY, TX	B BLOG.	250.00		
				f Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#_ THOMAS L. KRAM	í	Amount of contribution (\$)	In-kind contribution description (if applicable)	
8-31-11	Contributor address; City; State; Zip Code 3420 POTOMAC A	VE.	250.		
	DALLAS, TEXAS 7	5 205	(If travel outside o	f Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See Ir			
lf c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			equirements	
., .,		20000 92104 101800	reporting i	equitorius.	

Texas Ethics Com	nmission	P.O. Box 12070	Austin, Te	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE A						
The	Instruction	Guide explains how to	o complete thi	is form.	1 Total pages Scho	edule A: 10 of 15
2 FILER NAME		ingus Jor	20AN		3 ACCOUNT # (E	thics Commission Filers)
4 Date		ne of contributor			7 Amount of	8 In-kind contribution
	1.15	NNIFER OF	1 MARTI	W HARNISH	contribution (\$)	description (if applicable)
8-26-11	6 Contribu	utor address; City; S	itate; Zip Code M/LL K	?uN	50.00	    -
		ORT WORTH		76/33	<del></del>	of Texas, complete Schedule T)
9 Principal occur	pation / Job ti	title (See Instructions)		10 Employer (See	Instructions)	
Date	Full nam	ne of contributor 🔲 o	out-of-state PAC (ID#:_		Amount of	In-kind contribution
2 11	<b>I</b>	T WORTY !		,	contribution (\$)	description (if applicable)
8-23-11	Contribu	utor address; City; Si	tate; Zip Code A V €.	STE ZO8	250.00	
	FOR	T WORTH	1, Tx	76102	(If travel outside o	of Texas, complete Schedule T)
Principal occur	pation / Job ti	itle (See Instructions)		Employer (See I		
Date	l .	<del></del>	out-of-state PAC (ID#:_		Amount of	In-kind contribution
	JOH	INNY STEV	IEWS		contribution (\$)	description (if applicable)
8-20-11	P. O	utor address; City; Si	tate; Zip Code <b>257</b>	•	500.00	1 
		CHITA, KA			(If travel outside o	of Texas, complete Schedule T)
Principal occur	pation / Job ti	itle (See Instructions) Ct PAL / D W N E	R	Employer (See I	Instructions)	RETAIL
Date	Full nam	ne of contributor 🗆 ou	ut-of-state PAC (ID#:_	ARLIE STEVENS	Amount of contribution (\$)	In-kind contribution description (if applicable)
8-20-11	Contribu	UNY STEVE utor address; City; St BOX 782	tate: Zip Code 2 <b>2</b> 5 7		500.00	
1	WIC	CHITA, K	CANSAS		1	of Texas, complete Schedule T)
Principal occur		itle (See Instructions)	<del> </del>	Employer (See I	Instructions)	
	<del></del>			HULEN	PAKK	SSOCIATES
Date	Full nam	ne of contributor ou	out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contribu	utor address; City; St	tate; Zip Code			
1	\	<b>\</b>				
					(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job tit	tle (See Instructions)		Employer (See II		10.000
						<del></del>
		ATTACH ADDITION	NAL COPIES (	OF THIS SCHEDULE.	AS NEEDED	
If c	ontributor is	s out-of-state PAC, ple	ease see instr	ruction guide foradd	itional reporting r	equirements.

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#### P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) **Texas Ethics Commission** POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 2 FILER NAME JUNGUS JORDAN 4 Date 5 Full name of contributor \_\_out-of-state PAC (ID#\_ 7 Amount of 8 In-kind contribution contribution (\$) | description (if applicable) MARILYN F. and MicHAEL K. BERRY 9-2-11 6 Contributor address; City; State; Zip Code 6217 GENOA ROAD FORT WORTH, TX 76116 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) In-kind contribution description (if applicable) FORT WORTH, TEXAS 76116-2200 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Full name of contributor \_\_\_\_ out-of-state PAC (ID#:\_ Amount of In-kind contribution MICHAEZ J. and MAUREEN HARRIS contribution (\$) description (if applicable) Contributor address; City; State; Zip Code 5404 SHASTA RIDGE CT. 50.00 FORT WORTH, TEXAS 76123-2827 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#\_\_\_\_\_\_\_) RICHARD D. and CAROL MINKER Contributor address; City; State; Zip Code 4258 ALTURA ROAD Amount of In-kind contribution contribution (\$) description (if applicable) FORT WORTY, TEXAS 76109 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID# NOBERT and KATHLEEN LOMBARI) Contributor address; City: State; Zip Code 4000 CLARKE AVENUE FORT WORTH, TEXAS 76/07 Pation / Job title (See Instructions) In-kind contribution description (if applicable) Principal occupation / Job title (See Instruction ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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(512) 463-5800

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

#### SCHEDULE A

The	Instruction Guide explains how to complete this	1 Total pages Sch	12 of 15			
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)		
	JUNGUS JORDAN					
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution		
	STACEY JANDR	ucko	contribution (\$)	description (if applicable)		
8-17-11	6 Contributor address; City; State; Zip Code 7000 HOLLOW OAK	TRAIL	1,000.00	 		
	MANSFIELD, TEXAS	76023	(If travel outside	of Texas, complete Schedule T)		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)			
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution		
	F. HOWARD WALSA	, –	contribution (\$)	description (if applicable)		
8-26-11	Contributor address; City; State; Zip Code 500 W. 7+4 ST., STE	- 1007	2,500.00	[ 		
	FORT WORTH, TEXA		(If travel outside	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I	·			
Date	Full name of contributor		Amount of	In-kind contribution		
	G. MALCOLM LOUI	DEW	contribution (\$)	description (if applicable)		
8-29-11	Contributor address; City; State; Zip Code 500 W. 7th ST., STE		5,000.00	 		
	FORT WORTH, TEXA	5 76102-1007	(If travel outside	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)			
Date	Full name of contributor	)	Amount of	In-kind contribution		
	BRAD HANCOCK  Contributor address; City; State; Zip Code  3825 LANDSEND		contribution (\$)	description (if applicable)		
8-23-11	Contributor address; City; State; Zip Code		50.00			
0-27	3825 LANDSEND -	<b>5</b> 7 ·	<i>D</i> .			
	FORT WORTH, TEXA	5 76109	(If travel outside of	of Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution		
	THOMAS L. STRUYSY		contribution (\$)	description (if applicable)		
9-1-11	Contributor address; City; State; Zip Code 362 South RIPGE OA	K COURT	250.	 		
	WEATHERFORD, TEXAS		(If travel outside o	of Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See I				

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Texas Ethics Commission

#### SCHEDULE A

The	Instruction Guide explains how to complete this form.	1 Total pages Sch	13 of 15
2 FILER NAME	JUNGUS JORDAN	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	7 Amount of	8 In-kind contribution
	BARCLAY E. OR MARSHA BERDAN	contribution (\$)	description (if applicable)
9-3-11		100.00	   
	FORT WORTH, TEXAS 76109	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions) 10 Employer (See	Instructions)	
Date	Full name of contributor	Amount of	In-kind contribution
	JEANNE BAUER	contribution (\$)	description (if applicable)
9-4-11	Contributor address; City; State; Zip Code	3500	
7- ( )	3809 WALTON	J.	
	FORT WORTH, TEXAS 76133	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)	
		T	
Date	RANDALL C. GID FOW	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-5-11	Contributor address; City; State; Zip Code  3812 MONTICELO DRIVE	250.00	 
	FORT WORTH, TEXAS 76107	(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions) Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#)  E. SCOTT POLIKOV	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-9-11	Contributor address; City; State; Zip Code 2105 WESTERN AVENUE	100.00	 
	FORT WORTH, TEXAS 76107	(If travel outside (	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (See		S. Total
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	GOOD GOVERNMENT FUND	contribution (\$)	description (if applicable)
97-11	Contributor address: City: State: Zip Code	ده درس	
9-7-11	201 MAIN STREET, SUITE 2500	500.00	
	FORT WORTY, TEXAS 76102	(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions) Employer (See I		

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Texas Ethics Com	mission	P.O. Box 120	70 Aus	tin, Texa	s 78711-2070	(512) 463-5800	(100 1-800-735-2989)
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The	Instruction (	Guide explains h	now to comple	ete this	form.	1 Total pages Sch	edule A: 14 of 15
2 FILER NAME		<u> </u>				3 ACCOUNT # (E	thics Commission Filers)
Z FILER HAWL	J	uNGUS	Jorg	AN			
4 Date	_	e of contributor	out-of-state P	PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9-7-11		•			, SUITE 2500	500.00	 
	FOR	2T WOR	RT4, T			L	l of Texas, complete Schedule T)
9 Principal occup	pation / Job tit	le (See Instruction	ns)		10 Employer (See	Instructions)	
Date	JAME	of contributor	out-of-state f	ran	et De Moss	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-11-11	2600	$\omega$ . $\gamma$	Th SI	* ر	2011	150.00	
	FOR	T WOR	TH, T	7	76107-2244		of Texas, complete Schedule T)
Principal occup	pation / Job tit	le (See Instructio	ns)		Employer (See	nstructions)	
Date	ROBER			and Li	ARRY WILSON	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-10-11	230	or address; C	ty, State, Zi	PA	RKWAY	100.00	 
	FORT	WOR	TH, T	£X 45	76109	(If travel outside	I of Texas, complete Schedule T)
Principal occup	pation / Job tit	le (See Instruction	ns)		Employer (See	nstructions)	
Date	Full name	e of contributor	out-of-state F	PAC (ID#:	ATTONAL	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-16-11	Contribut MULTI -	or address; C CANDIDATA W. 774	ty; State; Zi POLIT STRFET	p Code CAL A	ATTONAL CHOW COMM.	200.00	
	FORT	- WORT	H, TE	XAS	76102		l of Texas, complete Schedule T)
Principal occup	pation / Job tit	le (See Instruction	ns)		Employer (See I	nstructions)	
D-4-	F	of contributor	П	1		Amount of	In-kind contribution
Date		e of contributor RLF5 A	out-of-state F		NIXON		description (if applicable)
9-21-11	Contribut	or address; Ci	ty, State, Zi	R IV E	NIXON 76107	100.00	
	FORT	WORT	4, TE	XA5	16107	(If travel outside	of Texas, complete Schedule T)
		e (See Instruction			Employer (See I	nstructions)	
If c	ontributor is				THIS SCHEDULE		requirements.

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#### SCHEDULE A

The	Instruction Guide explains how to complete this	1 Total pages Schedule A: 15 of 15				
2 FILER NAME JUNGUS JORDAN			3 ACCOUNT # (E	thics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#_  FREESE and NICHOLS	s PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
9-23-11			250.00	<u> </u>		
	FORT WORTY, TEXA			of Texas, complete Schedule T)		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)			
Date	Full name of contributor	<b>V</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
9-26-11	Contributor address; City; State; Zip Code 3805 TRAILS EDGE	•	100.			
	FORT WORTY, TEXA	5 7619	(If travel outside	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I				
Date	Full name of contributor out-of-state PAC (ID#_BOB and THERESA W	EDDELL	Amount of contribution (\$)	In-kind contribution description (if applicable)		
10-19-11	Contributor address; City; State; Zip Code 8000 Dusty WAY		100.00			
	FORT WORTY, TEXA	5 76123	(If travel outside	of Texas, complete Schedule T)		
Principal occup	oation / Job title (See Instructions)	Employer (See I	nstructions)			
Date	Full name of contributor out-of-state PAC (ID#_ MR, and MRS, MART/N	MOORE	Amount of contribution (\$)	In-kind contribution description (if applicable)		
10-24/11	Contributor address; City; State; Zip Code 6317 WAKELAND CO		200.00			
	FORT WORTY, TEXA	5 76133-35	23	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I				
Date	Full name of contributor out-of-state PAC (ID#_ MICHELLE and BRIAN LE	T RANDOLAY	Amount of contribution (\$)	In-kind contribution description (if applicable)		
10-27-11	Contributor address; City; State; Zip Code		1,000.00			
	GRAPEVINE, TEXAS	16051	(If travel outside	of Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)			

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#### SCHEDULE F

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Legal Services Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Travel In District Contributions/Donations Made By Event Expense Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee **Printing Expense** Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) JUNGUS JORDAN 1056 4 Date 5 Payee name COWTOWN DINER 6-23-11 6 Amount (\$) yee address; City; State; Zip Code 305 MAIN STREET 7 Payee address; 24.63 FORT WORTY, TEXAS 7610 Z (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** FOOD / BEVERAGE EXPENSE BREAKFAST WITH A DUISOR Candidate / Office holder name Office sought Office held **EXPENDITURE** 9 Complete ONLY if direct expenditure to benefit C/OH 6-24-11 Pavee name PARIS COFFEE SHOP Payee address; City; State; Zip Code 704 W, MAGNOLIA AUEWUE FORT WORTH, TEXAS 76104-4609 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) FOOD/BEVERAGE EXPENSY BREAK FAST WITH Advisor PURPOSE **EXPENDITURE** Complete ONLY if direct expenditure to benefit C/OH Payee name 8-04-11 CHARLESTON'S RESTAURANT Amount (\$) City; State; Zip Code S. HULEN FORT WORTH, TEXAS 76/09 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) FOOD /BEVERAGE EXPENSE LUNCH with Advisor Office held **PURPOSE** OF EXPENDITURE

Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officerolder name H	Office sought	Office neld
Date 9-26-11	Payee name CHARLESTOW'S	RESTAURANT	
Amount (\$) 32,14	Payee address; City: State; Zip Code  3020 S. WULEW  FORT WORTY, TE	XAS 76109	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVENAGE EX AWSE	Description (If travel outside of Te	•
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held

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#### SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/0	· ·
Accounting/Banking	Legal Services Solicitation/Fund	
Consulting Expense	Food/Beverage Expense Travel In District	- · · · · · · · · · · · · · · · · · · ·
Event Expense	Polling Expense Travel Out Of Di	
Fees	Printing Expense Office Overhead	
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1 Total pages Schedule F:	2 FILER NAME JUNGUS JOR	3 ACCOUNT # (Ethics Commission Filers)
4 Date	E Davis	
7-10-11	The ROTARY C	LUB of FORT WORTH
6 Amount (\$)	7 Payee address; City: State; Zip Code	
1 ,,,	306 WEST 7T4, STE	. 7/5
250.00		
L 20.	FORT WORTH, TEX	45 76102-4900
a puppose	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
8 PURPOSE OF		
EXPENDITURE	OTHER	SEMI-ANNUAL DUES
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
7-27-11	THE ROTARY C	LUB OF FORT WORTH
Amount (\$)	Payee address; City; State; Zip Code	***
100 00	306 WEST 7+4, ST	E. 715
100.	306	7/127 //2
, , , , ,	FORT WORTH, TE	XAS 16102-4900
	Category (See categories listed at the top of Ihis schedule)	
PURPOSE	I =	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	GIFT/AWARDS/MEMBRIALS EXF	ROTARY ENDOWMENT
	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/C		Office sought Office field
SAPORATOR TO DOLOTE OF	21.1	
Date	Payee name	_
7-8-11		NERC / D
1-0-1	MERCANTILE PARTI	vers / 6.1.
Amount (\$)	Payee address: City; State; Zip Code	
	2650 MEACHAM 1	3 <i>LVD</i> .
1,000		
1 '1'	FORT WORTH, TEXAS	76137-4203
PURPOSE	Category (See categories listed at the top of this schedule)	
OF		Description (if travel oulside of Texas, complete Schedule I)  REFUND / RETURN CONTRIBUTION
EXPENDITURE	OTHER	CHECK
Complete CNI V if direct	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/C		
Date	Payee name	
I	THE ELECTION GR	DUP LLC
7-15-11		. <del></del>
Amount (\$)	Payee address; City: State; Zip Code	
	HOG WEST 14TH STA	e <i>ffT</i>
7,500.		
1 . 1 -	AUSTIN TEXAS 78	101
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF .		_ ^
EXPENDITURE	CONSULTING EXPENSE	Campaign LUNSULTING
Cample - Other to	Candidate / Officeholder name	Office sought Office held
Complete <u>QNLY</u> if direct expenditure to benefit C:0		United bodgin.
Capanonale to benefit C.C		
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SCHEDULE F

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/	
Accounting/Banking	Legal Services Solicitation/Fund	
Consulting Expense	Food/Beverage Expense Travel In District	The state of the s
Event Expense	Polling Expense Travel Out Of Di	Commoditions/Donations Made By
Fees	Printing Expense Office Overhead	Sandada Sinceriolderi Sincar Committee
1	The Instruction Guide explains how to	
1 Total pages Schodule F		complete this form.
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
3 of 6	JUNGUS JORG	2 AV
4 Date	5 Payee name	
8-18-11	THE FIRST	
	INE ELECTION	ON GROUP LLC
6 Amount (\$)	7 Payee address; City: State; Zip Code	
274 68	408 WEST 14TH	
374.60		
	AUSTIN, TEXAS	
8 PURPOSE		
OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	PRINTING FRANKE/POSTAG	
	THE PERSE POSING	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/0	Ж	Office field
Date	Payee name	
8-30-11	JAMIE PHILLIPS	
Amount (\$)		
64. 37	3495 TEJAS LANE	
61.	•	
	BELLVILLE, TEXAS 7	<i>7-41 8</i>
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF		
EXPENDITURE	Even+ EXPENSE/FOOD	Advisory GROUP/FOOD
Complete ONLY if direct	Candidate / Officeholder name	0#
expenditure to benefit C/O		Office sought Office held
Date	Payee name	
Sep   -11	THE BREAK FASS	- (1110
	THE DITTALL	1 6245
Amount (\$)	Payee address; City; State; Zip Code	
0700	333 THROCK MORTO	N ST. #809
9/.	·- ·-	- 1
• • •	FORT WORTH, TE	XAS 76107
PURPOSE	Category (See categories listed at the top of this schedule)	
OF .	outlogory (dec categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	OTHER	MEMBERSHIP DUES QUARTER
		THEMBERSHIP DUES   WARRER
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	1	
Date		
11-15-11	Payee name	0.4
11-17-11	JAMIE PHILLI	P5
Amount (\$)		
	Sity: Oldio, Zip Code	
246~	3495 TEJAS LANE	1
~ ( )	OCITABILIE TEVAC -	74.0
	DEPLANTE 10 V.	7148
PURPOSE	Category (See calegories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
OF EXPENDITURE	For / Doubles Francis	
- CHOITURE	FOOD / BEVERAGE EXPENSE	HOUISORY GROUP EVENT
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Pricenditure to benefit C OH		Office held
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SCHEDULE F

	EXPENDITURE	CATEGORIES	EOR BOX (/-)			
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co				
Accounting/Banking	Legal Services	Solicitation/Fundra	iising Expense		ayment/Reimbursen	
Consulting Expense		Travel In District	moning Exponse	Contributio	ition Equipment & R	elated Expense
Event Expense		Travel Out Of Dist		Candid	ns/Donations Made ate/Officeholder/Po	By litical Committee
Fees	Printing Expense	Office Overhead/R	Pental Expense		nter a category not	
	The Instruction Guide			m.	mor a category not	nated above)
1 Total pages Schedule F:	2 FILER NAME					
4 0 7 6				3 AC	COUNT # (Ethics C	Commission Filers)
4 Date	5 Payee name					
11-15-11		PARTI		•	Δ4	1/
	RETIREMENT	THRIY	FUND.	FOR 1	MARTIE	HENDRY
6 Amount (\$)	7 Payee address; City; State	e; Zip Code				
- 00	1000 THROCK					
50.				_		
	FORT WORTS	4 , TEXA	s 761	02		
8 PURPOSE	(a) Category (See calegories listed at the top of	this schedule)				
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EXPENDITURE	GIFT/AWARDS/MEMON	rials exp.	GONTRIBL	ITION 1	to Retiven	reat tARTY
9 Complete ONLY if direct	Candidate / Officeholder name					
expenditure to benefit C/C	ж		Office sought		Office	held
Date	Payee name					
11-15-11	THE AEROS	PACE	OPTIN	1157	CUIR	
Amount (\$)						
(4)		; Zip Code				
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110.	FORT WORTH,		-1117			
BURDOOF	Cotoco (C	I EXMS	76162			
PURPOSE OF	Category (See categories listed at the top of t	his schedule)	Description (If	travel outside	of Texas, complete Sch	redule T)
EXPENDITURE	OTHER	1	2011-2			,
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Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	_	Office	held
Date	Payee name					
11-03-11	CHARLE	STOW	D = -		1	į
			1/627	AUR	PANT	
Amount (\$)	Payee address; City; State;	Zip Code				
2023	3020 S. HUL	LEW				1
29.23	<del>-</del>			_		
	FORT WORTH	IEXA	5 /6/	09		}
PURPOSE	Category (See categories listed at the top of the	is schedule)	Description (Ifty	avel outrido d	f Texas, complete Sche	
OF				aver outside (	i lexas, complete Sche	dule T)
EXPENDITURE	FOOD BEVERAGE E	XPENSE	LUNC	d w	ith Adri	15 074
Complete ONLY if direct	Candidate / Officeholder name		Office sought	·····		
expenditure to benefit C/OH	l		Office sought		Office h	eld
Date	Payee name					
12-14-11	CHUY S	RESTA	AURANT			
Amount (\$)						
- 4		Zip Code	- 155	110		
7004	2401 W. 774	SIREE	T, STE.	110		į.
~b.	FORT WORTH	, TEXA	4 7/	100		
PURPOSE				107		1
PURPOSE OF	Category (See categories listed at the top of this	schedule)	Description (If tra	vel outside of	Texas, complete Sched	ule T)
EXPENDITURE	FOOD BEVERAGE	Examen	LUNCA		4/ Ad.	c ma
		-/48.416	~un U	ין עו	IN TOUL	
Complete <u>CNLY</u> fidirect expenditure to benefit 0.0H	Candidate - Officeholder name		Office sought		Office he	eld
- Polymore to benefit to the						1
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#### SCHEDULE F

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Polling Expense Travel Out Of District **Event Expense** Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME JUNGUS JORDAN 5 Payee name CHARLESTON'S RESTAURANT 7 Payee address; City; State; Zip Code 12-19-11 3020 S. HULEW 40.18 FORT WORTH, TEXAS 76 109 (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE FOOD BEVERAGE EXPENSE LUNCH with Advisors **EXPENDITURE** Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name NICKOLAS WELLBAUM/TEXAS BOY'S CHOIR 12-12-11 City; State; Zip Code 5432 WOODWAY DRIVE 50.00 FORT WORTH, TEXAS 76/33 Category (See categories listed at the top of this schedule) GIFT/AWARD/MEMORIALS EXP. CONTRIBUTION TEXAS BOY'S CHOIR PURPOSE **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH LONGHORN COUNCIL BOY SCOUTS OF AMERICA 12-12-11 City; State; Zip Code Payee address; Amount (\$) P.O. BOX 54190 HURST, TEXAS 76054 - 4190 Category (See categories listed at the top of this schedule) GIFT/AWARDS/MEMBRIAL EXP CONTRIBUTION - Boy Scouts **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name THE ROTARY CLUB OF FORT WORTH 12-12-11 Amount (\$) Payee address; ess; City; State; Zip Code WEST 7+4, STE 715 FORT WORTY, TEXAS Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) DUES - SEMIANNUAL / JAN-JUN 2012 OF OTHER EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct

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SCHEDULE F

EXPENDIT	IDECAT	ECODIES	AY 9/21

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense

Contributions/Donations Made By
Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME JUNGUS JORDA	3 ACCOL	JNT # (Ethics Commission Filers)
4 Date	5 Payee name		
12-12-11	5 Payee name  THE BREAKFA  7 Payee address; City; State; Zip Code  333 THROCK MORT	ST CLUB of	FORT WORTH
6 Amount (\$)	7 Payee address; City; State; Zip Code	DW ST. #808	
97.00	FORT WORTH, TEXAS	76102	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	OTHER	QUARTERLY	DUES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C	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 (If travel outside of 1	Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 (If travel outside of To	exas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 (If travel outside of Te	ixas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
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