

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX**

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:

35

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MR.

JUNGUS

F.

NICKNAME

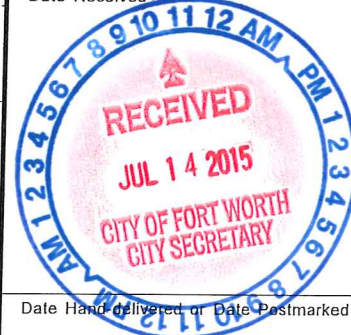
LAST

SUFFIX

JORDAN

OFFICE USE ONLY

Date Received



Date Hand Delivered or Date Postmarked

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5316 STARRY COURT

FORT WORTH, TEXAS 76123

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 343-2978

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MRS.

ELAINE

NICKNAME

LAST

SUFFIX

PETRUS

Receipt #

Amount \$

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 CIRCLE

FORT WORTH, TEXAS 76109

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 924-8898

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

01 / 01 / 2015

THROUGH

Month

Day

Year

6 / 30 / 2015

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

CITY COUNCIL MEMBER
CITY OF FORT WORTH, TEXAS
DISTRICT 6

13 OFFICE SOUGHT (if known)

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)

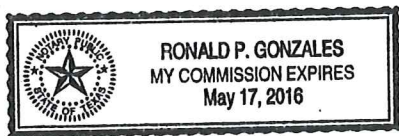
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,495.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 194.43
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,128.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 88,344.80
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 14th day of July, 2015, to certify which, witness my hand and seal of office.

Ronald P. Gonzales Signature of officer administering oath
 Printed name of officer administering oath
 Notary Title of officer administering oath

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME JUNGUS JORDAN		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 29,495.00
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 FROM POLITICAL CONTRIBUTIONS	\$ 17,933.92
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<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:

1 of 25

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

2-15-15

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

Edith S. JONES

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

5502 FULL MOON DRIVE
FORT WORTH, TEXAS 76132-2310

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-17-15

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

DEE J. KELLY, JR.

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

417 RIVERCREST DRIVE
FORT WORTH, TEXAS 76107-1639

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-17-15

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

GARY W. and JUDELLE W. HAVENER

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

P.O. BOX 121969
FORT WORTH, TEXAS 76121-1969

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-17-15

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

WILLIAM B. and PATRICIA R. GORDON

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

5201 WINIFRED 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:

2 of 25

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

2-17-15

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

JOHN H. and LINDA MADDUX

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code
2120 RIDGEMAR BLVD. SUITE 14
FORT WORTH, TEXAS 76116-2200

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-18-15

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

MICHAEL and BEVERLY REILLY

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code
1017 S. FM ROAD 5
ALEDO, TEXAS 76008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-15

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

JUDITH J. CARRIER

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code
3720 WOOTEN DRIVE
FORT WORTH, TEXAS 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-15

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

LEE F. CHRISTIE

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
306 W. 7th, STE 901
FORT WORTH, TEXAS 76102-4995

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 25

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

2-18-15

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

JIM and MARLENE BECKMAN

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

2300 MEDFORD CT, EAST
FORT WORTH, TEXAS 76109-1131

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-18-15

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

MARTY L. and LU A MOSKOWITZ

Amount of contribution (\$)

35.00

Contributor address; City; State; Zip Code

7137 WIND CHIME
FORT WORTH, TEXAS 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-15

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

CHARLES E. and SUZANNE WELLS

Amount of contribution (\$)

35.00

Contributor address; City; State; Zip Code

5905 WALRAVEN CIRCLE
FORT WORTH, TEXAS 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-15

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

TIMOTHY L. and ELAINE J. PETRUS

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

3736 COUNTRY CLUB CIRCLE
FORT WORTH, TEXAS 76109

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:

4 of 25

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

2-18-15

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

WILLIAM and LUCY C. CONLEY

6 Contributor address; City; State; Zip Code

2505 LUBBOCK AVENUE
FORT WORTH, TEXAS 76109

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-18-15

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

HALFF ASSOCIATES-STATE PAC

Contributor address; City; State; Zip Code

1201 N. BOWSER ROAD
RICHARDSON, TEXAS 75081

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-15

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

MAC and LUJO CHURCHILL

Contributor address; City; State; Zip Code

611 RIVERCREST DRIVE
FORT WORTH, TEXAS 76107

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-19-15

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

JEFF R. DAVIS

Contributor address; City; State; Zip Code

2325 MISTLETOE DRIVE
FORT WORTH, TEXAS 76110

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 25

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

2-19-15

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

GARY W. TERRY

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

117 SHADY LAKE COURT
HURST, TEXAS 76054

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-19-15

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

RONALD R. NORMAN

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

6300 RIDGLEA PLACE, STE. 900
FORT WORTH, TEXAS 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-19-15

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

JEANNE M. BAUER

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

3809 WALTON
FORT WORTH, TEXAS 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-19-15

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

WILLIAM S. DAVIS

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

P.O. BOX 122269
FORT WORTH, TEXAS 76121-2269

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 25

2 FILER NAME
JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date
2-19-15

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

7 Amount of contribution (\$)
1,500.00

6 Contributor address; City; State; Zip Code
201 MAIN ST. SUITE 2500
FORT WORTH, TEXAS 76102-3194

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2-20-15

Full name of contributor out-of-state PAC (ID#: _____)
ERIK J. and DEBORA J. BROWN

Amount of contribution (\$)
135.00

Contributor address; City; State; Zip Code
5140 GOLDEN LANE
FORT WORTH, TEXAS 76123

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2-20-15

Full name of contributor out-of-state PAC (ID#: _____)
MARTHA V. LEDNARD

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
1411 SHADY OAKS LANE
FORT WORTH, TEXAS 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2-20-15

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
P.O. BOX 121488
FORT WORTH, TEXAS 76121-1488

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 25

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

2-20-15

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

JAMES N. and GLORIA N. AUSTIN

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

2401 SCOTT AVENUE
FORT WORTH, TEXAS 76103

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-20-15

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

MR. and MRS. JOHN V. ROACH II

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

2805 ALTON ROAD
FORT WORTH, TEXAS 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-20-15

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

LEE and KATHERINE NICOL

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

3882 SOUTH HILLS CIRCLE
FORT WORTH, TEXAS 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-20-15

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

DAN E LOWRANCE

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

2008 FOUR OAKS LANE
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8 of 25

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

2-20-15

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

ARDON and IRIS MOORE

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code
1409 THOMAS PLACE
FORT WORTH, TEXAS 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-20-15

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

STEVE and DENISE McCUNE

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
3800 WOSLEY DRIVE
FORT WORTH, TEXAS 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-21-15

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

T. J. and E. R. HARRIS

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code
8000 VALLEY DRIVE
NORTH RICHLAND HILLS, TX 76182

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-23-15

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)

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

2-20-15

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

MARY E. FAGRAS

7 Amount of contribution (\$)

20.00

6 Contributor address; City; State; Zip Code

3425 WREW AVENUE
FORT WORTH, TEXAS 76133

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-21-15

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

GARY and JULIE WILSON

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

4140 E. REVERO ST.
BURLESON, TEXAS 76028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-23-15

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

LINEBARGER, GOGGAN, BLAIR & SAMPSON LLP
ATTORNEYS AT LAW

Amount of contribution (\$)

2,500.00

Contributor address; City; State; Zip Code

P.O. BOX 17428
AUSTIN, TEXAS 78760

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-23-15

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

R. DENNY ALEXANDER

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

4200 S. HULEW ST., SUITE 617
FORT WORTH, TEXAS 76109

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

2-23-15

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

RICHARD D. and CAROL MINKER

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

2865 MANORWOOD TRAIL
FORT WORTH, TEXAS 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-23-15

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

WILSON J. and CAROL LINDSAY

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

4345 CARTAGENA
FORT WORTH, TEXAS 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-23-15

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

RANDALL and ELIZABETH GIDEON

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

3812 MONTCELLO DRIVE
FORT WORTH, TEXAS 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-23-15

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

ROBERT E. TERRELL

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

7629 NUTWOOD PLACE
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:
11 of 25

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

2-24-15

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

VERNON W. BRYANT

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

1712 CARLETON
FORT WORTH, TEXAS 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-24-15

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

ELIZABETH MENEFEE

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

4005 TOLEDO AVENUE
FORT WORTH, TEXAS 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-24-15

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

VERNELL STURNS

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

612 HIGH WOODS TRAIL
FORT WORTH, TEXAS 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-24-15

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

J. D. JOHNSON

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

P.O. BOX 136 021
FORT WORTH, TEXAS 76136

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:
12 of 25

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

2-25-15

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

HAMMER AND NAILS CLUB-CANDIDATE

7 Amount of contribution (\$)

750.00

6 Contributor address; City; State; Zip Code

100 E. 15th ST., SUITE 600
FORT WORTH, TEXAS 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-25-15

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

G. MALCOLM LOUDEN

Amount of contribution (\$)

5,000.00

Contributor address; City; State; Zip Code

500 W. 7th, UNIT #27, STE 1007
FORT WORTH, TEXAS 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-25-15

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

HONDRABLE KAY GRANGER

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

1701 RIVER RUN, SUITE 1010
FORT WORTH, TEXAS 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-26-15

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

JOSEPH D. BENNETT

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

4025 WEDGWORTH ROAD S.
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:

13 of 25

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

2-26-15

5 Full name of contributor

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

WINSTON D. and DIXIE SEAMAN

7 Amount of contribution (\$)

35.00

6 Contributor address; City; State; Zip Code

7320 LEMONWOOD LANE
FORT WORTH, TEXAS 76133

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-26-15

Full name of contributor

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

DAVID and NANCY MARCKS

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

5308 POST RIDGE DRIVE
FORT WORTH, TEXAS 76123

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-26-15

Full name of contributor

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

FORT WORTH RETIRED FIREFIGHTERS AND
WIDOWS COMMITTEE FOR RESPONSIBLE GOVT.

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

1617 TIERNEY ROAD
FORT WORTH, TEXAS 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-26-15

Full name of contributor

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

CHRISTOPHER and LAURA CASTRO

Amount of contribution (\$)

35.00

Contributor address; City; State; Zip Code

4908 CEDAR BRUSH DRIVE
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14 of 25

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

2-26-15

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

GERALDINE A. UTSEY

7 Amount of contribution (\$)

25.00

6 Contributor address; City; State; Zip Code

6126 WOODGARDEN LANE
BENBROOK, TEXAS 76132

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-26-15

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

JAMES BRUCE and MARILYN COX

Amount of contribution (\$)

35.00

Contributor address; City; State; Zip Code

7029 TREEMAVEN ROAD
FORT WORTH, TEXAS 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-26-15

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

DAVID B. PETTIT

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

1201 CLOVER LANE
FORT WORTH, TEXAS 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-26-15

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

ADELAIDE and THOMAS LEAUEWS

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

3839 SOUTH HILLS CIRCLE
FORT WORTH, TEXAS 76109

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 25

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

2-26-15

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

MICHAEL and MARLENE PARKER

6 Contributor address; City; State; Zip Code

4824 GRAPEVINE TER.
FORT WORTH, TEXAS 76123

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-26-15

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

STACEY L. SANDRUCKO

Contributor address; City; State; Zip Code

617 WESTWOOD AVENUE
FORT WORTH, TEXAS 76107

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-26-15

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

JUDY WOOD

Contributor address; City; State; Zip Code

3913 WILLOW WAY ROAD
FORT WORTH, TEXAS 76133

Amount of contribution (\$)

35.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-26-15

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

BO and HUONG CUNG

Contributor address; City; State; Zip Code

8033 SUNSCAPE LANE
FORT WORTH, TEXAS 76123

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

16 of 25

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

2-26-15

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

CLARENCE and IVANNA WIESEPAPE

6 Contributor address; City; State; Zip Code

5109 SUNSCAPE LANE
FORT WORTH, TEXAS 76123

7 Amount of contribution (\$)

135.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-26-15

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

JENNIFER and MARTIN HARNISH

Contributor address; City; State; Zip Code

7316 OLD MILL RUN
FORT WORTH, TEXAS 76133

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-26-15

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

E. ANN and BARNEY, JR. HOLLAND

Contributor address; City; State; Zip Code

1301 THROCKMORTON ST., APT 2503
FORT WORTH, TEXAS 76102

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-26-15

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

MICHAEL COHEN

Contributor address; City; State; Zip Code

4223 ALTA MESA
FORT WORTH, TEXAS 76133

Amount of contribution (\$)

135.00

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:
17 of 25

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

2-26-15

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

JESSE and JOLINDA MARTINEZ

6 Contributor address; City; State; Zip Code

4262 CADIZ
FORT WORTH, TEXAS 76133

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-26-15

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

GLEN and LEIDE BUCY

Contributor address; City; State; Zip Code

5420 OLD ORCHARD DRIVE
FORT WORTH, TEXAS 76123

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-26-15

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

C.S. and M.J. MASTERSON

Contributor address; City; State; Zip Code

5005 MONARDA WAY
FORT WORTH, TEXAS 76123

Amount of contribution (\$)

35.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-26-15

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

SANDRA RUNNELS

Contributor address; City; State; Zip Code

3423 GREEN RIDGE
FORT WORTH, TEXAS 76133

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
18 of 25

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

2-27-15

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

BARCLAY E. and MARSHA BERDAN

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

3639 ENCANTO DRIVE
FORT WORTH, TEXAS 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-27-15

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

DR. JAMES V. BURNETT

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

1600 TEXAS STREET # 2804
FORT WORTH, TEXAS 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-27-15

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

HONORABLE CHARLIE GEREW

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

P.O. BOX 1440
FORT WORTH, TEXAS 76101

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-28-15

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

HONORABLE GIB LEWIS

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

2300 RACE STREET
FORT WORTH, TEXAS 76111

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 25

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

3-1-15

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

HON. WILLIAM D. and ANN GREENHILL

6 Contributor address; City; State; Zip Code

1608 ASHLAND AVENUE
FORT WORTH, TEXAS 76102

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-2-15

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

MICHAEL J. and MAUREEN HARRIS

Contributor address; City; State; Zip Code

1328 S. Adams ST.
FORT WORTH, TEXAS 76104

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-3-15

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

THOMAS L. KRAMPITZ

Contributor address; City; State; Zip Code

807 N. DAK CLIFF BLVD.
DALLAS, TEXAS 75208

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-3-15

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

HON. MIKE and ROSIE MONCRIEF

Contributor address; City; State; Zip Code

777 TAYLOR STREET, STE. 1030
FORT WORTH, TEXAS 76102

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
20 of 25

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

3-3-15

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

REED PIGMAN, JR.

7 Amount of contribution (\$)

500.⁰⁰

6 Contributor address; City; State; Zip Code

200 TEXAS WAY
FORT WORTH, TEXAS 76106

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-6-15

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

REED K. BILZ

Amount of contribution (\$)

25.⁰⁰

Contributor address; City; State; Zip Code

6130 HALEY LANE
FORT WORTH, TEXAS 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-7-15

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

DONALD E. DOYLE

Amount of contribution (\$)

50.⁰⁰

Contributor address; City; State; Zip Code

6301 GRANBURY CUT-OFF
FORT WORTH, TEXAS 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-8-15

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

ROBERT W. and CAROL BEARDSLEY

Amount of contribution (\$)

100.⁰⁰

Contributor address; City; State; Zip Code

4101 ALICANTE AVE.
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:

21 of 25

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

3-26-15

5 Full name of contributor

CECELIA SPEER

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

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

3636 W. BIDDISON ST.
FORT WORTH, TEXAS 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-26-15

Full name of contributor

MICHAEL HAGIN

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

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

6136 WALRAVEN CIRCLE
FORT WORTH, TEXAS 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-26-15

Full name of contributor

JAMES LEWIS

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

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

4505 FRENCH LAKE DRIVE
FORT WORTH, TEXAS 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-3-15

Full name of contributor

H. R. PEROT, JR.

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

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

P.O. BOX 269014
PLANO, TEXAS 75026-9014

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:

22 of 25

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

3-6-15

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

ROSS B. and CHERYL CALHOUN

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

3709 SANTIAGO COURT
IRVING, TEXAS 75062

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-16-15

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

ROBERT L. and MARGIE MANTHET

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

116 CROOKED STICK LAWE
ALEDO, TEXAS 76008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-20-15

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

CHARLES W. and DIANNE NIXON

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

3560 MANDERLY PLACE
FORT WORTH, TEXAS 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-26-15

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

JAMES DuBOSE

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

P.O. BOX 2990
FORT WORTH, TEXAS 76113-2990

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:

23 of 25

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

3-19-15

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

BOB and THERESA WEDDELL

6 Contributor address; City; State; Zip Code

8000 DUSTY WAY
FORT WORTH, TEXAS 76123

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-30-15

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

DEE FINLEY, JR. and REBECCA FINLEY

Contributor address; City; State; Zip Code

2412 MEDFORD COURT EAST
FORT WORTH, TEXAS 76109

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-9-15

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

MARILYN and MICHAEL BERRY

Contributor address; City; State; Zip Code

6217 GENOA ROAD
FORT WORTH, TEXAS 76116

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-13-15

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

Q PAC

Contributor address; City; State; Zip Code

301 COMMERCE ST. STE 3200
FORT WORTH, TEXAS 76102

Amount of contribution (\$)

1,125.00

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:

24 of 25

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

4-16-15

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

F. HOWARD WALSH

7 Amount of contribution (\$)

2,500.⁰⁰

6 Contributor address; City; State; Zip Code
500 WEST 7th ST, STE. 1007
FORT WORTH, TEXAS 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-20-15

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

THEODIS and WYNTRISS B. WARE

Amount of contribution (\$)

200.⁰⁰

Contributor address; City; State; Zip Code
6332 WARWICK HILLS DRIVE
FORT WORTH, TEXAS 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-30-15

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

THAD and ELIZABETH BRUNDRETT

Amount of contribution (\$)

250.⁰⁰

Contributor address; City; State; Zip Code
3901 W. 4th STREET
FORT WORTH, TEXAS 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-1-15

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

MARGARET DEMOSS

Amount of contribution (\$)

50.⁰⁰

Contributor address; City; State; Zip Code
2600 W. 7th ST. # 2644
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

25 of 25

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

3-20-15

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

COL. DIETER W. and MARY SATZ

7 Amount of contribution (\$)

25.00

6 Contributor address; City; State; Zip Code

4305 MISTY MEADOW DRIVE
FORT WORTH, TEXAS 76133-7021

8 Principal occupation / Job title (See Instructions)

9 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)

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 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 7	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
---	--------------------------------------	---------------------------------------

4 Date 01/28/2015	5 Payee name CITY SECRETARY'S OFFICE, CITY OF FORT WORTH
-----------------------------	--

6 Amount (\$) 100.⁰⁰	7 Payee address; City; State; Zip Code 1000 THROCKMORTON STREET FORT WORTH, TEXAS 76102
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OTHER	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense FILING FEE
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 2-26-15	Payee name COUNSLIN'S BBQ
------------------------	-------------------------------------

Amount (\$) 651.²²/_{XX}	Payee address; City; State; Zip Code 6262 McCART AVENUE FORT WORTH, TEXAS 76133
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUND RAISER EVENT
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3-7-15	Payee name THE DONUT PALACE
-----------------------	---------------------------------------

Amount (\$) 43.⁰⁰	Payee address; City; State; Zip Code 5400 WOODWAY DRIVE FORT WORTH, TEXAS 76133
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense JAVA EVENT
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 2 of 7	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
4 Date 3-6-15	5 Payee name BROOKSHIRE'S FOOD & PHARMACY	
6 Amount (\$) 63.29	7 Payee address; City; State; Zip Code 1203 U.S. HWY 380 BRIDGEPORT, TEXAS 76426	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/BEVERAGE 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 JAVA EVENT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-12-15	Payee name THE EPPSTEIN GROUP	
Amount (\$) 7,500.00	Payee address; City; State; Zip Code 4055 INTERNATIONAL PLAZA, SUITE 600 FORT WORTH, TEXAS 76109	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROFESSIONAL CAMPAIGN Mgmt.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-12-15	Payee name THE EPPSTEIN GROUP	
Amount (\$) 1,524.96	Payee address; City; State; Zip Code 4055 INTERNATIONAL PLAZA, Suite 600 FORT WORTH, TEXAS 76109	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE SOLICITATION / FUNDRAISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING and POSTAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 7	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
4 Date 3-12-15	5 Payee name THE EPPSTEIN GROUP	
6 Amount (\$) 5,000.⁰⁰	7 Payee address; City; State; Zip Code 4055 INTERNATIONAL PLAZA, SUITE 600 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 PROFESSIONAL CAMPAIGN MGMT.
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3-31-2015	Payee name USS FORT WORTH SUPPORT COMMITTEE	
Amount (\$) 1,000.⁰⁰	Payee address; City; State; Zip Code P. O. BOX 246 FORT WORTH, TEXAS 76101	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) GIFT/AWARDS/MEMORIAL EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense 501(C)3 gift to USS FORT WORTH CREW SUPPORT
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 4-8-15	Payee name THE GREATER FORT WORTH AREA COMMUNITY CHARITIES	
Amount (\$) 250.⁰⁰	Payee address; City; State; Zip Code 3850 SILVERTON CIRCLE, SUITE 1301 FORT WORTH, TEXAS 76133	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) GIFT/AWARDS/MEMORIAL EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense "THANK YOU BARBA, NAVAL RESERVE BASE" 501(C)3
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 7	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
4 Date 4-19-15	5 Payee name FRIENDS OF SCOUTING, LONGHORN Council of Boy Scouts of America	
6 Amount (\$) 250.⁰⁰	7 Payee address; City; State; Zip Code 850 CANNON DRIVE HURST, TEXAS 76054	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) GIFT / AWARDS / MEMORIALS 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 DONATION TO 501(C)3
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 4-27-15	Candidate / Officeholder name HONORABLE KAY GRANGER CAMPAIGN	
Amount (\$) 250.⁰⁰	Payee address; City; State; Zip Code 1701 RIVER RUN, SUITE 1010 FORT WORTH, TEXAS 76107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTION / DONATIONS MADE BY CANDIDATE/ OFFICE HOLDER / POLITICAL COMMITTEE	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name KAY GRANGER Office sought U.S. HOUSE OF REPRESENTATIVES Office held	
Date 5-7-15	Candidate / Officeholder name THE BREAKFAST CLUB OF FORT WORTH	
Amount (\$) 349.⁰⁰	Payee address; City; State; Zip Code 333 THROCKMORTON ST #808 FORT WORTH, TEXAS 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP DUES
	Candidate / Officeholder name KAY GRANGER Office sought U.S. HOUSE OF REPRESENTATIVES Office held	

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POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 7	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
4 Date 6-2-15	5 Payee name C/O KELLY ALLEN GRAY / FAREWELL PARTY DANNY SCARTH	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 1000 THROCKMORTON FORT WORTH, TEXAS 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) GIFT/AWARDS/MEMORIALS 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 FAREWELL PARTY DANNY SCARTH
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: DANNY SCARTH Office sought: EX COUNCIL MEMBER, DISTRICT 4 Office held:	
Date 6-29-15	Payee name THE ROTARY CLUB OF FORT WORTH	
Amount (\$) 300.00	Payee address; City; State; Zip Code 306 W. 7TH STREET, SUITE 715 FORT WORTH, TEXAS 76102 - 4906	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP DUES
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 6-26-15	Payee name THE DONUT PALACE	
Amount (\$) 25.00	Payee address; City; State; Zip Code 5400 WOODWAY DRIVE FORT WORTH, TEXAS 76133	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense JAVA EVENT
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 of 7	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
4 Date 6-26-15	5 Payee name ALBERTSON'S	
6 Amount (\$) 41.13 XX	7 Payee address; City; State; Zip Code 225 E. SPRING STREET WEATHERFORD, TEXAS 76132	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD / BEVERAGE 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	Candidate / Officeholder name	Office sought Office held
Date 6-29-15	Payee name SEAN FOUSHEE	
Amount (\$) 200.00	Payee address; City; State; Zip Code 4921 SADDLEBACK ROAD ARLINGTON, TEXAS 76017 3043	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense ANNUAL WEBSITE HOSTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2-6-15	Payee name I HOP STORE # 1465	
Amount (\$) 43.14	Payee address; City; State; Zip Code 5901 SW. LOOP 820 FORT WORTH, TEXAS 76132	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense CODE COMPLIANCE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES 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)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 7 of 7	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
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4 Date 2-11-15	5 Payee name 1 HOP STORE # 1465
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6 Amount (\$) 93.18	7 Payee address; City; State; Zip Code 5901 S.W. LOOP 820 FORT WORTH, TEXAS
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/BEVERAGE 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 Neighborhood PATROL
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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
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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