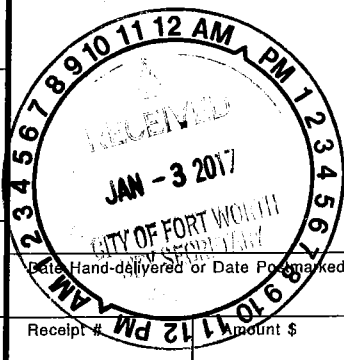


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">31</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;"> MR. JUNGUS F. </div> <hr style="border: 0; border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;"> JORDAN </div>	OFFICE USE ONLY <hr/> Date Received <div style="text-align: center;">  </div> <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.5em;"> 5316 STARRY COURT FORT WORTH, TEXAS 76123 </div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.5em;"> (817) 343-2978 </div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;"> MRS. ELAINE </div> <hr style="border: 0; border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;"> PETRUS </div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.5em;"> 3736 COUNTRY CLUB FORT WORTH, TEXAS 76109 </div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.5em;"> (817) 294-8898 </div>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)								
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;">7 / 1 / 2016</td> <td></td> <td style="text-align: center; font-size: 1.5em;">12 / 31 / 2016</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	7 / 1 / 2016		12 / 31 / 2016		
Month Day Year	THROUGH	Month Day Year									
7 / 1 / 2016		12 / 31 / 2016									
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.5em;"> / / </div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any) <div style="text-align: center; font-size: 1.5em;"> CITY COUNCIL MEMBER CITY OF FORT WORTH DISTRICT 6 </div>	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

GENERAL

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)

\$ **43,570.06**

EXPENDITURE
TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ **8952.73**

CONTRIBUTION
BALANCE

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

\$ **111,009.26**

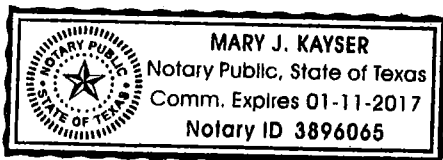
OUTSTANDING
LOAN TOTALS

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 **2ND** day of **JANUARY**, 20**17**, to certify which, witness my hand and seal of office.

M. J. Kayser
Signature of officer administering oath

MARY J KAYSER
Printed name of officer administering oath

Ch Securtz
Title of officer administering oath

SUBTOTALS - C/OH

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	\$ 43,570. ⁰⁶
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,952. ⁷³
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 21

2 FILER NAME
JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date
9-6-16

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

JOE and MARY DULLE

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

**2127 PEMBROKE
FORT WORTH, TEXAS 76110-1202**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

9-6-16

H. Neil and MARY VAN GEEM

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

**3708 WAYLAND DRIVE
FORT WORTH, TEXAS 76133**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

9-6-16

DR. PETER GRANT JORDAN

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

**4417 CHESAPEAKE BAY DRIVE
FORT WORTH, TEXAS 76123**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

9-6-16

RICHARD and TEAA GARVEY

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

**P.O. BOX 9600
FORT WORTH, TEXAS 76147-2600**

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 21

2 FILER NAME
JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

9-6-16

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

DAVID and NANCY MARCKS

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

**5308 POST RIDGE DRIVE
FORT WORTH, TEXAS 76123**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-6-16

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

CANTEY HANGAR, LLP

Amount of contribution (\$)

2,500.00

Contributor address; City; State; Zip Code

**600 WEST 6TH STREET, SUITE 300
FORT WORTH, TEXAS 76102-3685**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-6-16

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

JAMES R. and CAROL DUNAWAY

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

**500 ALTA DRIVE
FORT WORTH, TEXAS 76107**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-6-16

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

WILLIAM and PATRICIA MEADOWS

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

**3904 HAMILTON AVENUE
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:
3 of 21

2 FILER NAME
JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date
9-6-16

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

MIKE BALL

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code
**513 MAIN STREET, SUITE 201
FORT WORTH, TEXAS 76102**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9-6-16

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

MR. & MRS. L.O. BUZZ BRIGHTBILL III

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
**8908 CRESTWOOD DRIVE
FORT WORTH, TEXAS 76179**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9-6-16

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

GARY and JUDLEF HAVENER

Amount of contribution (\$)

50.00

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
9-6-16

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:
4 OF 21

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

9-6-16

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

ARDON MOORE

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code
**201 MAIN STREET, SUITE 3200
FORT WORTH, TEXAS 76102**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-6-16

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

JOHN and LINDA MADDUK

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
**2120 RIDGMAR BLVD, SUITE 14
FORT WORTH, TEXAS 76116-2200**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-6-16

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

GARY and ANN TERRY

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
**117 SHADY LAKE COURT
HURST, TEXAS 76054**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-6-16

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

MAC CHURCHILL

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code
**611 RIVERCREST DRIVE
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:

5 of 21

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

9-6-16

5 Full name of contributor

JUDITH CARRIER

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

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

3720 WOOTEN DRIVE
FORT WORTH, TEXAS 76133

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-6-16

Full name of contributor

STEPHEN R. and DENISE McCUNE

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

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

5316 WOODWAY DRIVE
FORT WORTH, TEXAS 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-6-16

Full name of contributor

TAYLOR and SHIRLEE GANDY

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

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

4250 SARITA COURT
FORT WORTH, TEXAS 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-6-16

Full name of contributor

THOMAS KRAMPITZ

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

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

807 N. OAK CLIFF BLVD.
DALLAS, TEXAS 75208

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 21

2 FILER NAME
JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date
9-6-16

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

GARY FICKES

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code
**4021 HILLTOP DRIVE
SOUTH LAKE, TEXAS 76092**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

9-6-16

PAUL ANDREWS, JR.

1000.00

Contributor address; City; State; Zip Code
**700 JENKINS ROAD
ALEDO, TEXAS 76008**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

9-6-16

MARTHA LEONARD

250.00

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

9-6-16

MICHAEL and MARILYN BERRY

500.00

Contributor address; City; State; Zip Code
**6217 GENDA ROAD
FORT WORTH, TEXAS 76116**

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 21

2 FILER NAME
JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date
9-6-16

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

JIMMIE BURNETT

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
**1600 TEXAS #2804
FORT WORTH, TEXAS 76102**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9-6-16

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

STACEY JANDRUCKO

Amount of contribution (\$)
2,500.00

Contributor address; City; State; Zip Code
**617 WESTWOOD AVENUE
FORT WORTH, TEXAS 76107**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9-6-16

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, Suite 1007
FORT WORTH, TEXAS 76102**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9-6-16

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

JON and TIFFANY WISE

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**8417 ROCK CANYON COURT
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:
8 of 21

2 FILER NAME
JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date
9-6-16

5 Full name of contributor out-of-state PAC (ID#: _____)
WILLIAM and PATRICIA GORDON
6 Contributor address; City; State; Zip Code
5201 WINIFRED DRIVE
FORT WORTH, TEXAS 76133

7 Amount of contribution (\$)
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9-6-16

Full name of contributor out-of-state PAC (ID#: _____)
VERNON and NANCY BRYANT
Contributor address; City; State; Zip Code
1712 CARLETON
FORT WORTH, TEXAS 76107

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9-6-16

Full name of contributor out-of-state PAC (ID#: _____)
EDITH JONES
Contributor address; City; State; Zip Code
5502 FULLMOON DRIVE
FORT WORTH, TEXAS 76132

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9-6-16

Full name of contributor out-of-state PAC (ID#: _____)
WILLIAM and LUCY CONLEY
Contributor address; City; State; Zip Code
P.O. BOX 128
BDN DURANT, WY 82922

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:
9 of 21

2 FILER NAME
JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date
9-6-16

5 Full name of contributor out-of-state PAC (ID#: _____)
Jerry and Cheryl Conatser

6 Contributor address; City; State; Zip Code
**6716 SAINT ANDREWS ROAD
FORT WORTH, TEXAS 76132**

7 Amount of contribution (\$)
2,500.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9-6-16

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

Contributor address; City; State; Zip Code
**3101 AVONDALE AVENUE
FORT WORTH, TEXAS 76109**

Amount of contribution (\$)
150.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9-6-16

Full name of contributor out-of-state PAC (ID#: _____)
M. L. and Lu MOSKOWITZ

Contributor address; City; State; Zip Code
**7137 WIND CHIME DR.
FORT WORTH, TEXAS 76133**

Amount of contribution (\$)
50.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9-6-16

Full name of contributor out-of-state PAC (ID#: _____)
R. Denny ALEXANDER

Contributor address; City; State; Zip Code
**4200 S. HULEN, Suite 617
FORT WORTH, TEXAS 76109-4911**

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:
10 of 21

2 FILER NAME
JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date: 9-6-16
5 Full name of contributor: MR. and Mrs. L. O. BRIGHTBILL III
 out-of-state PAC (ID#: _____)
6 Contributor address; City; State; Zip Code
8908 CRESTWOOD DRIVE
FORT WORTH, TEXAS 76179

7 Amount of contribution (\$)
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date: 9-6-16
Full name of contributor: MRS. R. E. BOLEN
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
4213 CANDLEWOOD LANE
FORT WORTH, TEXAS 76133

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 9-6-16
Full name of contributor: JUANITA N. KIRTLEY
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
6301 OVERTON RIDGE BLVD, APT 365
FORT WORTH, TEXAS 76132

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 9-6-16
Full name of contributor: F. Scott POLIKOV
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
3000 Blackburn Street, Suite 401
DALLAS TEXAS 75204

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

11 of 21

4 Date

9-6-16

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

LINEBARGER, GOOBAN, BLAIR+SAMPSON
LLP

7 Amount of contribution (\$)

2,500.00

6 Contributor address; City; State; Zip Code

P.O. BOX 17428
AUSTIN, TEXAS 78760

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-6-16

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

WINSTON and DIXIE SEAMAN

Amount of contribution (\$)

75.00

Contributor address; City; State; Zip Code

7320 LAMON WOOD LANE
FORT WORTH, TEXAS 76133-7010

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-6-16

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

GERALDINE UTSEY

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

6126 WOOD GARDEN LANE
BENBROOK, TEXAS 76132-1041

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-6-16

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

WILSON 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)

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 21

2 FILER NAME
JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date
9-6-16

5 Full name of contributor out-of-state PAC (ID#: _____)
TERRY and ALLISON MONTESI

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
1701 RIVER RUN, SUITE 500
FORT WORTH, TEXAS 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9-6-16

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
7051 ALLEN DRAVE PLACE
FORT WORTH, TEXAS 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9-6-16

Full name of contributor out-of-state PAC (ID#: _____)
JUDY G. NEEDHAM

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
7585 SURFSIDE DRIVE
FORT WORTH, TEXAS 76135

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9-6-16

Full name of contributor out-of-state PAC (ID#: _____)
RANDALL and ELIZABETH GIDEON

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
2600 W. 7th, SUITE 2548
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:
13 of 21

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

9-6-16

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

KAY GRANGER CAMPAIGN FUND

7 Amount of contribution (\$)

1,000.00

6 Contributor address; City; State; Zip Code

**1701 RIVER RUN SUITE 1010
FORT WORTH, TEXAS 76107**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-6-16

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

STEPHEN and DENISE McCUWE

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

**5316 WOODWAY DRIVE
FORT WORTH, TEXAS 76133**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-6-16

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

Dee FINLEY JR. and REBECCA FINLEY

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

**2912 MEDFORD COURT EAST
FORT WORTH, TEXAS 76109**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-6-16

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

HAYDN H. CUTLER, JR.

Amount of contribution (\$)

2,500.00

Contributor address; City; State; Zip Code

**3825 CAMP BOWIE
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:
14 of 21

2 FILER NAME
JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date
9-6-16

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

James and Gloria Austin, J.R.

6 Contributor address; City; State; Zip Code
**2401 Scott Avenue
FORT WORTH, TEXAS 76103-2228**

7 Amount of contribution (\$)
50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9-6-16

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

WANDA CONLIN and DON BOREN

Contributor address; City; State; Zip Code
**1755 MARTEL AVENUE
FORT WORTH, TEXAS 76103-1418**

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9-6-16

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

**FORT WORTH RETIRED FIRE FIGHTERS and
Widows Committee for Responsible Govt.**

Contributor address; City; State; Zip Code
**1617 TIERNEY ROAD
FORT WORTH, TEXAS 76112**

Amount of contribution (\$)
500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9-6-16

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

H. B. (HUB) and MARTHA BAKER

Contributor address; City; State; Zip Code
**121 E. EXCHANGE AVENUE
FORT WORTH, TEXAS 76164**

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:
15 of 21

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

9-6-16

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

DONALD K. JURY

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

436 HALTOM ROAD
FORT WORTH, TEXAS 76117

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-6-16

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

JUSTIN LIGHT and TAYLOR WOODS

Amount of contribution (\$)

150.00

Contributor address; City; State; Zip Code

6116 KENWICK AVENUE
FORT WORTH, TEXAS 76116-4627

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-6-16

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

JAMES W. and JUDY SCHELL

Amount of contribution (\$)

150.00

Contributor address; City; State; Zip Code

901 FORT WORTH CLUB BLDG.
FORT WORTH, TEXAS 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-6-16

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

LINDA PAULIK

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

6115 CAMP BOWIE BLVD. Suite 270
FORT WORTH, TEXAS 76116

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 21

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

9-6-16

5 Full name of contributor

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

HAMMER and NAILS CLUB - CANDIDATE

6 Contributor address; City; State; Zip Code
100 E. 15th Street S, Suite 600
FORT WORTH, TEXAS 76102

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-6-16

Full name of contributor

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

Lee and Katherine NICOL

Contributor address; City; State; Zip Code
3882 SOUTH HILLS CIRCLE
FORT WORTH, TEXAS 76109

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-6-16

Full name of contributor

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

DON E. ALLEN

Contributor address; City; State; Zip Code
7302 TIDAL TRACE
ARLINGTON, TEXAS 76016

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-6-16

Full name of contributor

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

Cyrus R. Francis, Jr.

Contributor address; City; State; Zip Code
2104 Bettibart St.
FORT WORTH, TEXAS 76134-1012

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:
17 of 21

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

9-6-16

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

Sharen Wilson/John Dotson

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

**P.O. BOX 282
FORT WORTH, TEXAS 76101-0282**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-6-16

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

Thomas and Jacqueline Galbreath

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

**11717 CAMBRIA COURT
FORT WORTH, TEXAS 76008**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-6-16

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

MIKE and ROSIE MOCRIEF

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

**777 TAYLOR ST., Suite 1030
FORT WORTH, TEXAS 76102**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-6-16

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

Theodis and Wyntriss Wave

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

**6332 WARWICK HILLS DR.
FORT WORTH, TEXAS 76132-4486**

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 21

2 FILER NAME

Jungus Jordan

3 Filer ID (Ethics Commission Filers)

4 Date

9-6-16

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

James Atkinson

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

3913 WILLOWWAY ROAD
FORT WORTH, TEXAS 76133

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-6-16

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

Vennell Sturns

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

612 HIGHWOODS TRAIL
FORT WORTH, TEXAS 76112

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-6-16

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

Timothy H. FLEET

Amount of contribution (\$)

2,500.00

Contributor address; City; State; Zip Code

3045 LACKLAND ROAD
FORT WORTH, TEXAS 76116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-6-16

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

S. J. HURLEY, IV.

Amount of contribution (\$)

2,500.00

Contributor address; City; State; Zip Code

8350 N. CENTRAL EXPRESSWAY
Suite 1275, DALLAS, TEXAS 75206

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 21

2 FILER NAME

Jungus JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

9-6-16

5 Full name of contributor

Joseph Dozier

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

7 Amount of contribution (\$)

45.06

6 Contributor address; City; State; Zip Code

4452 FIESTA CIRCLE W.
FORT WORTH, TEXAS 76133

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-27-16

Full name of contributor

GOOD GOVERNMENT FUND

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

Amount of contribution (\$)

1,500.00

Contributor address; City; State; Zip Code

201 MAIN STREET, SUITE 2500
FORT WORTH, TEXAS 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-27-16

Full name of contributor

CONSERVATIVE VOTERS FORUM

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

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

26 S. LABOYTEAUX, 1144 TERRACETRAIL
HURST, TEXAS 76063

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-27-16

Full name of contributor

Mr. and Mrs. JOHN ROACH

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

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)

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 21

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

9-27-16

5 Full name of contributor

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

James B. and Margaret De Moss

6 Contributor address; City; State; Zip Code

2600 W. 7th St. # 2644
FORT WORTH, TEXAS 76107-9311

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-27-16

Full name of contributor

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

Col. Dieter W. and Mary Satz

Contributor address; City; State; Zip Code

4305 MISTY MEADOW DRIVE
FORT WORTH, TEXAS 76133-7021

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-27-16

Full name of contributor

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

Michael J. and Maureen Harris

Contributor address; City; State; Zip Code

132 S. Adams Street
FORT WORTH, TEXAS 76104

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-18-16

Full name of contributor

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

HALFF Associates - State PAC

Contributor address; City; State; Zip Code

1201 N. Bowsen Road
RICHARDSON, TEXAS 75081

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
21 OF 21

2 FILER NAME

Jungus Jordan

3 Filer ID (Ethics Commission Filers)

4 Date

10-18-16

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

T. Mack House, JR.

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code
**301 COMMERCE ST., Suite 2040
FORT WORTH, TEXAS 76102**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-18-16

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

SAM BROUS

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
**556 8th Avenue
FORT WORTH, TEXAS 76104**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-18-16

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

Jennifer and Martin Harnish

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code
**7316 OLD MILL RUN
FORT WORTH, TEXAS 76133**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-15-16

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

FORT WORTH FIREFIGHTERS COMMITTEE FOR RESPONSIBLE GOVERNMENT

Amount of contribution (\$)

5,000.00

Contributor address; City; State; Zip Code
**3855 TULSA WAY
FORT WORTH, TEXAS 76107-3345**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 7	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
4 Date 7-5-16	5 Payee name THE ROTARY CLUB OF FORT WORTH	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 306 W. 7th Street, SUITE 715 FORT WORTH, TEXAS 76102-4900	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other MEMBERSHIP DUES	(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 7-27-16	Payee name JTD STRATEGIES	
Amount (\$) 700.00	Payee address; City; State; Zip Code 201 MAIN STREET, SUITE 600 FORT WORTH, TEXAS 76102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE DATA SERVICES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 8-6-16	Payee name THE BREAKFAST CLUB OF FORT WORTH	
Amount (\$) 125.00	Payee address; City; State; Zip Code 333 THROCKMORTON Street, #808 FORT WORTH, TEXAS 76102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other MEMBERSHIP DUES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 7	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)			
4 Date 8-7-16	5 Payee name SEAN FOUSHEE				
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 4921 Saddleback Road ARLINGTON, TEXAS 76017				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE WEBSITE HOSTING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:30%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:30%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 9-2-16	Payee name KAY GRANGER CAMPAIGN FUND/WOMEN'S FORUM				
Amount (\$) 400.00	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 OFFICEHOLDER	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:30%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:30%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 9-5-16	Payee name THE EPPSTEIN GROUP				
Amount (\$) 1577.90	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) 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			
	<table border="0" style="width:100%;"> <tr> <td style="width:30%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:30%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 3 of 7	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
4 Date 9-5-16	5 Payee name THE EPPSTEIN GROUP	
6 Amount (\$) 1873.46	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) PRINTING EXPENSE and MAILING	(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
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Date 9-5-16	Payee name PAULIK AND ASSOCIATES		
Amount (\$) 250.00	Payee address; City; State; Zip Code 6115 CAMP BOWIE BLVD., SUITE 270 FORT WORTH, TEXAS 76116		
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	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-25-16	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) CONTRIBUTION / DONATION MADE BY OFFICE HOLDER	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 7	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
4 Date 9-25-16	5 Payee name FORT WORTH METROPOLITAN CHAMBER OF COMMERCE - "THE STATE OF OUR MONEY"	
6 Amount (\$) 1,500	7 Payee address; City; State; Zip Code 1150 SOUTH FREEWAY, SUITE 211 FORT WORTH, TEXAS	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION / DONATION MADE BY OFFICE HOLDER	(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 9-26-16	Payee name TEXAS ASSOCIATION OF BLACK CITY COUNCIL MEMBERS	
Amount (\$) 50.00	Payee address; City; State; Zip Code 1821 RUTHERFORD LANE, SUITE 400 AUSTIN, TEXAS 78754	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other MEMBERSHIP DUES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 10-15-16	Payee name WALMART	
Amount (\$) 6.33	Payee address; City; State; Zip Code 7800 SUMMER CREEK DRIVE FORT WORTH, TEXAS 76123	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE "JAVA with Jungus"	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 7	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
4 Date 10-15-16	5 Payee name THE DONUT PLACE	
6 Amount (\$) 25.50	7 Payee address; City; State; Zip Code 5400 WOODWAY DRIVE FORT WORTH, TEXAS 76133	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE "JAVA WITH JUNGUS"	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-15-16	Payee name BROOKSHIRE'S	
Amount (\$) 34.54	Payee address; City; State; Zip Code 601 W. PALO PINTO WEATHERFORD, TEXAS	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE "JAVA with Jungus"	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-22-16	Payee name AEROSPACE OPTIMIST CLUB	
Amount (\$) 110.00	Payee address; City; State; Zip Code P.O. BOX 33435 FORT WORTH, TEXAS 76162	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER MEMBERSHIP DUES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 of 7	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
4 Date 10-25-16	5 Payee name SENATOR JANE NELSON CAMPAIGN FUND	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code P.O. Box 608 GRAPEVINE, TEXAS 76099	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION MADE BY OFFICE HOLDER	(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 JANE NELSON	Office sought Office held TEXAS SENATE
Date 11-13-16	Payee name JUDGE GLEN WHITLEY CAMPAIGN FUND	
Amount (\$) 200.00	Payee address; City; State; Zip Code 345 Charleston Place HURST, TEXAS 76054	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION MADE BY OFFICE HOLDER	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name GLEN WHITLEY	Office sought Office held TARRANT COUNTY JUDGE
Date 12-20-16	Payee name ROTARY CLUB OF FORT WORTH	
Amount (\$) 300.00	Payee address; City; State; Zip Code 306 W. 7th STREET, SUITE 715 FORT WORTH, TEXAS 76102-4900	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other MEMBERSHIP DUES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 OF 7	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
4 Date 12-20-16	5 Payee name ROTARY CLUB OF FORT WORTH	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 306 W. 7th STREET, SUITE 715 FORT WORTH, TEXAS 76102 - 4900	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION / DONATION MADE BY OFFICE HOLDER VETERANS / MILITARY FUND	(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
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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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