


# 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: <b>21</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR.</b> NICKNAME	FIRST <b>JUNGUS</b> LAST	MI <b>F.</b> SUFFIX
JORDAN			<b>OFFICE USE ONLY</b> Date Received  Date Hand-delivered or Date Postmarked Receipt #      Amount \$ Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5316 STARRY COURT FORT WORTH, TEXAS			
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(817) 343-2978			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MRS.</b> NICKNAME	FIRST <b>ELAINE</b> LAST	MI  SUFFIX
PETRUS			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
3736 COUNTRY CLUB FORT WORTH, TEXAS 76109			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(817) 996-2215 817 924-8898			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year           Month      Day      Year <b>01 / 01 / 2020</b> THROUGH <b>6 / 30 / 2020</b>		
11 ELECTION	ELECTION DATE Month      Day      Year /      /		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) <b>CITY COUNCIL MEMBER CITY OF FORT WORTH DISTRICT 6</b>		13 OFFICE SOUGHT (if known)

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

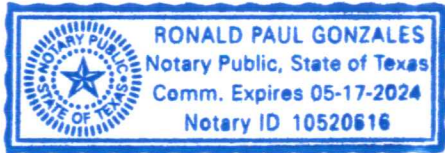
14 C/OH NAME JUNGUS JORDAN 15 Filer ID (Ethics Commission Filers)

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.

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

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,035. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,041. <sup>71</sup> / <sub>XX</sub>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 49,466. <sup>64</sup> / <sub>XX</sub>
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 7<sup>th</sup> day of July, 2020, to certify which, witness my hand and seal of office.

Ronald P. Gonzales  
Signature of officer administering oath

Ronald P. Gonzales  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>JUNGUS JORDAN</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 21,035.00
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,041. <sup>71</sup> / <sub>100</sub>
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 14**

2 FILER NAME **JUNGUS JORDAN** 3 Filer ID (Ethics Commission Filers)

4 Date **2-14-20** 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) **MARTHA V. LEONARD** 7 Amount of contribution (\$) **500.00**  
 6 Contributor address; City; State; Zip Code  
**1411 SHADY OAKS LANE**  
**FORT WORTH, TEXAS 76107**

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date **2-14-20** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) **GARY W. and JUDELIE 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 **2-13-20** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) **JUANITA N. KIRTLEY** Amount of contribution (\$) **50.00**  
 Contributor address; City; State; Zip Code  
**6301 QUERTON RIDGE BLVD. APT. 365**  
**FORT WORTH, TEXAS 76132-3294**

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date **2-14-20** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) **THOMAS L. KRAMPITZ** 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:

2 OF 14

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

2-14-20

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

JERRY and CHERYL CONATSER

7 Amount of contribution (\$)

1,000.00

6 Contributor address; City; State; Zip Code

6716 SAINT ANDREWS ROAD  
FORT WORTH, TEXAS 76132

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-15-20

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

SHAREN WILSON

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

P.O. BOX 282  
FORT WORTH, TEXAS 76101

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-15-20

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

THOMAS J. and ELLEN R. HARRIS

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

8040 VALLEY DRIVE  
NORTH RICHLAND HILLS, TEXAS 76182

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-18-20

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

ROBERT M. HOLT, JR.

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

3300 AVONDALE AVE  
FORT WORTH, TEXAS 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 14

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

2-15-20

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

MARY BETH and EDWARD SCOGGIN

6 Contributor address; City; State; Zip Code

8505 THICKET COURT  
FORT WORTH, TEXAS 76123

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-19-20

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

M. L. and Lou A. MOSKOWITZ

Contributor address; City; State; Zip Code

7137 WINDCHIME DRIVE  
FORT WORTH, TEXAS 76133

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-17-20

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

REED PIGMAN, JR.

Contributor address; City; State; Zip Code

200 TEXAS WAY  
FORT WORTH, TEXAS 76106

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-19-20

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

JOHNNY W. and MARJORIE STEVENS

Contributor address; City; State; Zip Code

8120 KILLARNEY COURT  
WICHITA, KANSAS 67206

Amount of contribution (\$)

2,500.00

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: <b>4 of 14</b>
2 FILER NAME <b>JUNGUS JORDAN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2-20-20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DON ALLEN</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>7302 TIDAL TRACE ARLINGTON, TEXAS 76016</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2-18-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>VERNELL STURNS</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>612 HIGHWOODS TRAIL FORT WORTH, TEXAS 76112</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-17-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JUDY WOOD</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>3913 WILLOW WAY ROAD FORT WORTH, TEXAS 76133</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-16-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN and ARMANDA LONG</b>	Amount of contribution (\$) <b>75.00</b>
Contributor address; City; State; Zip Code <b>3315 BELLAIR PARK COURT FORT WORTH, TEXAS 76109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 of 14

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

2-13-20

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

WILSON J. LINDSAY

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

4345 CARTAGENA  
FORT WORTH, TEXAS 76133

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-14-20

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

EDITH JONES

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

5502 FULL MOON DRIVE  
FORT WORTH, TEXAS 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-20-20

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

T. OSCAR TREVINO, JR and CAROL TREVINO

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

7805 AMY LANE  
NORTH RICHLAND HILLS, TEXAS 76180

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-20-20

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

Col. DIETER W. SATZ and MARY SATZ

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

4305 MISTY MEADOW 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:

6 of 14

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

2-20-20

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

JAMES R. DUNAWAY

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

777 TAYLOR STREET, STE. 1040  
FORT WORTH, TEXAS 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-20-20

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

REBECCA FINLEY

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

2412 MEDFORD COURT EAST  
FORT WORTH, TEXAS 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-20-20

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

BARCLAY EDWARD <sup>BERDAN</sup> and MARSHA BERDAN

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

3639 ENCANTO DRIVE  
FORT WORTH, TEXAS 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-15-20

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

WILLIAM and PATRICIA 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: <b>7 of 14</b>
2 FILER NAME <b>JUNGUS JORDAN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2-21-20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WANDA CONLIN and DON BOREN</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>1755 MARTEZ AVENUE FORT WORTH, TEXAS 76103</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2-24-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOYCE R. HANSTROM PARLIN</b>	Amount of contribution (\$) <b>40.00</b>
Contributor address; City; State; Zip Code <b>6147 White Tail TRAIL FORT WORTH, TEXAS 76132</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-27-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>IVORY PIERCE</b>	Amount of contribution (\$) <b>150.00</b>
Contributor address; City; State; Zip Code <b>8016 DUSTY WAY FORT WORTH, TEXAS 76123</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-25-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TIMOTHY and ELAINE PETRUS</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>3736 COUNTRY CLUB CIRCLE FORT WORTH, TEXAS 76109</b>		
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: <b>8 of 14</b>
2 FILER NAME <b>JUNGUS JORDAN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2-24-20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>R. DENNY ALEXANDER</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>4200 S. HUGEN ST. Suite 617 FORT WORTH, TEXAS 76109</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2-27-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BO and HUONG CUNG</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>8033 SUNSCAPE LANE FORT WORTH, TEXAS 76123</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-27-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LEE O. ROGERS</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>201 PECAN STREET FORT WORTH, TEXAS 76102</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-27-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WINSTON and DIXIE SEAMAN</b>	Amount of contribution (\$) <b>95.00</b>
Contributor address; City; State; Zip Code <b>7320 LEMWOOD LANE FORT WORTH, TEXAS 76133</b>		
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 14

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

2-13-20

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

STEPHEN and DENISE McCUNE

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

5316 WOODWAY DRIVE  
FORT WORTH, TEXAS 76133

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-25-20

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

William W. and PATRICIA MEADOWS

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

121 RIVERCREST DRIVE  
FORT WORTH, TEXAS 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-12-20

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

MARGARET and JAMES DeMOSS

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

2600 W. 7th ST. #2644  
FORT WORTH, TEXAS

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-26-20

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

THOMAS S. and JACQUELINE GALBREATH

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

11717 CAMBRIA COURT  
FORT WORTH, TEXAS 76008

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: <b>10 of 14</b>
2 FILER NAME <b>JUNGUS JORDAN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2-20-20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SAM BROUS</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>556 8TH AVENUE FORT WORTH, TEXAS 76104</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2-26-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HAYDN H. CUTLER, JR.</b>	Amount of contribution (\$) <b>2,500.00</b>
Contributor address; City; State; Zip Code <b>3825 CAMP BOWIE FORT WORTH, TEXAS 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-3-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>C. DONALD BABERS</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>7500 MONTERREY FORT WORTH, TEXAS 76112</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-27-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FORT WORTH RETIRED FIREFIGHTERS AND WIDOWS FOR RESPONSIBLE GOVERNMENT</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>1617 TIERNEY ROAD FORT WORTH, TEXAS 76112</b>		
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 14

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

3-1-20

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

MICHAEL and MAUREEN HARRIS

6 Contributor address; City; State; Zip Code

1328 S. ADAMS STREET  
FORT WORTH, TEXAS 76104

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-27-20

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

DEE J. KELLY, JR.

Contributor address; City; State; Zip Code

417 RIVERCREST DRIVE  
FORT WORTH, TEXAS 76107

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-3-20

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

ARNOLD and HARRIETTE GACHMAN

Contributor address; City; State; Zip Code

1229 SHADY OAKS  
FORT WORTH, TEXAS 76107

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-29-20

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

CYRUS R. FRANCIS, JR. and NINA FRANCIS

Contributor address; City; State; Zip Code

2104 BETTIBART STREET  
FORT WORTH, TEXAS 76134

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:

12 of 14

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

3-2-20

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

G. MALCOLM LOUDEN

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

500 W. 7th St. Unit #1275r 1002  
FORT WORTH, TEXAS 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-25-20

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

POLITICAL ACTION COMMITTEE PACHECO KOCH

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

4060 BRYANT IRVIN ROAD  
FORT WORTH, TEXAS 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-6-20

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

HONORABLE MIKE and ROSIE MONCRIEF

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

777 TAYLOR STREET SUITE 1030  
FORT WORTH, TEXAS 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-24-20

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

ALME BRICK Comp. Good Government Fund

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

P.O. BOX 425  
FORT WORTH, TEXAS 76101

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>13 of 14</b>
2 FILER NAME <b>Jungus JORDAN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2-25-20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BNSF RAIL PAC</b>	7 Amount of contribution (\$) <b>1,000.00</b>
6 Contributor address; City; State; Zip Code <b>P.O. BOX 961039 FORT WORTH, TEXAS 76161</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2-17-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LINEBARGER, GOGGAN BLAIR &amp; SAMSON LLP</b>	Amount of contribution (\$) <b>2,500.00</b>
Contributor address; City; State; Zip Code <b>P.O. BOX 17428 AUSTIN, TEXAS 78760</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-27-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HARRY BAXTER HARRIS III PLLC</b>	Amount of contribution (\$) <b>300.00</b>
Contributor address; City; State; Zip Code <b>3601 HULEW STREET, STE. 101 FORT WORTH, TEXAS 76107</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-19-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JUDY NEEDHAM</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>6341 KLAMATH ROAD FORT WORTH, TEXAS 76116</b>		
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 14

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

3-20-20

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

JUDITH J. CARRIER

7 Amount of contribution (\$)

200.00

6 Contributor address; City; State; Zip Code

3720 WOOTEN DRIVE  
FORT WORTH, TEXAS 76133

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-30-20

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

HERMAN and AMANDA WARDLAW

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

4828 COURTSIDE DRIVE  
FORT WORTH, TEXAS 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	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: <b>1 of 4</b>	2 FILER NAME <b>JUNGUS JORDAN</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>JAN. 2, 2020</b>	5 Payee name <b>THE FORT WORTH CLUB</b>	
6 Amount (\$) <b>235. <sup>99</sup>/<sub>XX</sub></b>	7 Payee address; City; State; Zip Code <b>306 West Seventh Street FORT WORTH, TEXAS 76102</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>OTHER</b>	(b) Description <b>MEMBERSHIP DUES</b>
	(c) <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 <b>JAN. 2, 2020</b>	Payee name <b>THURSDAY MORNING BREAKFAST ASSOCIATION</b>	
Amount (\$) <b>250. <sup>00</sup>/<sub>-</sub></b>	Payee address; City; State; Zip Code <b>777 TAYLOR Street, Ste 1030 FORT WORTH, TEXAS 76102</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OTHER</b>	Description <b>MEMBERSHIP DUES</b>
	<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 <b>Feb. 7, 2020</b>	Payee name <b>THE FORT WORTH CLUB</b>	
Amount (\$) <b>235. <sup>99</sup>/<sub>XX</sub></b>	Payee address; City; State; Zip Code <b>306 West Seventh Street FORT WORTH, TEXAS 76102</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OTHER</b>	Description <b>MEMBERSHIP DUES</b>
	<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: <b>2 of 4</b>	2 FILER NAME <b>JUNGUS JORDAN</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>Feb. 14, 2020</b>	5 Payee name <b>WONDER DONUTS</b>	
6 Amount (\$) <b>66.00</b>	7 Payee address; <b>5205 WONDER DRIVE</b> City: State: Zip Code <b>FORT WORTH, TEXAS 76133</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Food and Beverage EXPENSE</b>	(b) Description <b>"JAVA with Jungus" TOWN HALL</b>
	(c) <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 <b>Feb 14, 2020</b>	Payee name <b>ALBERT SONS</b>	
Amount (\$) <b>80.59</b> <b>XX</b>	Payee address; <b>3563 ALTON ROAD</b> City: State: Zip Code <b>FORT WORTH, TEXAS 76109</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food and Beverage EXPENSE</b>	Description <b>"JAVA with Jungus" TOWN HALL</b>
	<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 <b>Mar. 8, 2020</b>	Payee name <b>THE EPPSTEIN GROUP</b>	
Amount (\$) <b>1,953.27</b> <b>XX</b>	Payee address; <b>2830 S. HULEN STREET # 361</b> City: State: Zip Code <b>FORT WORTH, TEXAS 76109</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b> <b>POSTAGE EXPENSE</b>	Description <b>INVITATION, MAILING and Printing Fund Raiser</b>
	<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: <b>3 of 4</b>	2 FILER NAME <b>JUNGUS JORDAN</b>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <b>THE FORT WORTH CLUB</b>	
6 Amount (\$) <b>1,212.23 / XX</b>	7 Payee address; City; State; Zip Code <b>306 West Seventh Street FORT WORTH, TEXAS 76102</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE EXPENSE EVENT EXPENSE</b>	(b) Description <b>FUND RAISER</b>
	(c) <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
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Date <b>MAR. 8. 20</b>	Payee name <b>THE FORT WORTH CLUB</b>		
Amount (\$) <b>257.64 / XX</b>	Payee address; City; State; Zip Code <b>306 West Seventh Street FORT WORTH, TEXAS 76102</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OTHER</b>	Description <b>MEMBERSHIP DUES</b>	
	<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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Date <b>6/8/2020</b>	Payee name <b>SEAN FOUSHEE</b>		
Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code <b>4921 SADDLEBACK ROAD ARLINGTON, TEXAS 76017-3043</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>ANNUAL Website HOSTING</b>	
	<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)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| 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.

<b>1</b> Total pages Schedule F1: 4 of 4	<b>2</b> FILER NAME JUNGUS JORDAN	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 6/30/2020	<b>5</b> Payee name KEEP FORT WORTH Neighborhoods SAFE (PAC)	
<b>6</b> Amount (\$) 2,500.00	<b>7</b> Payee address; City; State; Zip Code 777 TAYLOR STREET SUITE 900 FORT WORTH, TEXAS 76102	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION MADE BY OFFICE HOLDER	<b>(b)</b> Description GET OUT THE VOTE MAILERS/CCPD
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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