CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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OFFICIAL RECORD CITY SECRETARY FT. WORTE, OXER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 lotal pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MR. JUNGUS NICKNAME LAST JORDAN	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / PO BOX: APT / SUITE #; CO 5316 STARR FORT WORT AREA CODE PHONE NUMBER (8/7) 343-297	EXTENSION	RECEIVED AR 3 2019 CITY OF FORT WORTH CITY SECRETARY Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MRS, ELAINE NICKNAME LAST PETRUS	MI	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 3736 COUNTR FORT WORTH,	Y CLUB	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 996 2215 817 924 8898		
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 01 2019	Month THROUGH 03	Day Year 25 2019
11 ELECTION	ELECTION DATE Month Day Year Primary 05/04/2019 Beneral	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (IT any) CITY COUNCIL MEME CITY OF FORT WOR DISTRICT G	SFR 13 OFFICE SOUGHT (if known CITY CO CITY OF DISTRIC	UNCIL MEMBER FORT NORTH T 6
GO TO PAGE 2			

		E REPORT	COVE	FORM C/OH R SHEET PG 2
14 C/OH NAME	JUNG	us JORDAN 15	5 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.			VDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		49
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	20,700.00
EXPENDITURE TOTALS	3 TOTAL POLITICAL EXPENDITURES OF \$300 OB LESS.			
	4. TOTAL	POLITICAL EXPENDITURES	\$	35,349.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 85,8		35,349.≌ 85,866.≌	
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 pe true and correct and includes all infor under Title 15, Election Code.		
ID My Con M	D P. GONZALES #10520616 mission Expires av 17, 2020	Signature of Cand	idente or Of	ficeholder
Sworn torand subscr	ribed before me, k		, this	s the 37d
mara!	Impl.	to certify which, withess my hand and seal of office. 	n	otary
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of c	officer administering oath

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SUBTOTALS - C/OH

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FORM C/OH COVER SHEET PG 3

19	19 FILER NAME JUNGUS JORDAN 20 Filer ID (Ethics Com		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$20,700.°	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
З.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 35,349.5	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/C	он \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONET	ARY 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)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Sharen Wilson	7 Amount of contribution (\$)		
2-7-19	6 Contributor address; City; State; Zip Code P. D BOX Z82 FORT WORTH, TEXAS 76101	250.00		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC (ID#:) FORT WORTH FIREFIGHTERS COMMITTEE	Amount of contribution (\$)		
2-25-19	FOR TWORKIN FIREFION/TERS COMMITTEE For Responsible GOVERNMENT Contributor address; City; State; Zip Code 3855 TULSA WAY, FORTWORTH, TX 76107-3345	3,000.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor Out-of-state PAC (ID#:) ACMEBRICK COMPANY GOOD GOVERNMENT	Amount of contribution (\$)		
2-26-19	ACMEBRICK COMPANY GOOD GOVERNMENT FUND Contributor address; P.O. BOX 425, FORTWORTH, TX76101	500.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)		
2-6-19	GOOD GOVERNMENT FUND Contributor address: City; State; Zip Code 201 MAIN STREET, SUITE 2500 FORT WORTH, TX 7610Z	500.00		
Principal occup	Pation / Job title (See Instructions) Employer (See Instructions)	tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

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Revised 3/8/2015

4,250.00

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 20F3		
2 FILER NAME	JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)		
4 Date 3-6-19	 5 Full name of contributor out-of-state PAC (ID#:) DSEL PAC 6 Contributor address: City; State; Zip Code 201 MAIN STREET, SUITE Z500 FORT WORTH, TX 76102 	7 Amount of contribution (\$) 500.00		
	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)		
Date	Full name of contributor [] out-of-state PAC (ID#:) COMMITTEE FOR PUBLIC SAFETY FORT WORTH POLICE OFFICEN'S ASSOCIATION Contributor address; City; State; Zip Code 2 501 OARVUIEW DOWE STE. 600	Amount of contribution (\$)		
3-4-19	Contributor address; City; State; Zip Code 2501 PARKVIEW DRIVE, STE. 600 FORT WORTH, TX 76102	15,000.00		
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date	Full name of contributor 🗌 out-of-state PAC (ID#:) DEANNA G. BAKER	Amount of contribution (\$)		
3-11-19	Contributor address; City; State; Zip Code 7608 QUAIL RIDGE COURT FORT WORTH, TX 76132	100.00		
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date	Full name of contributor [] out-of-state PAC (ID#:) PATRICK E, POWERS, JR.	Amount of contribution (\$)		
3-11-19	PATRICK E, POWERS, JR. Contributor address; City; State; Zip Code P.O. BOX 100 758 FORT WORTH, TX 76185-0758	2 50.00		
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				
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Revised 9/8/2015

2 FILER NAME 4 Date 5 F 3 - 5 - 19 6 C 6 C 7 8 Principal occupation Date F 5	UNGUS JORDAN UII name of contributor Out-of-state PAC DONALD BABERS ON SI SOO MONTERREY TORT WORTH, TEXAS Job title (See Instructions) UII name of contributor Out-of-state PAC TEVEN D. SAXON	(ID#:) hiela Babers ; Zip Code ; 76/12 9 Employer (See Instruct	 1 Total pages Schedule A1: 3 6 3 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 100.00 ions)
4 Date 5 F 3-5-19 C. 6 C 7 8 Principal occupation Date F 5 F	ull name of contributor DONALD BABERS and S ontributor address; City; State SOO MONTERREY ORT WORTH, TEXAS / Job title (See Instructions) ull name of contributor out-of-state PAC	 tiela Babens Zip Code 76/12 9 Employer (See Instruct 	7 Amount of contribution (\$)
3-5-19 8 Principal occupation Date F 5	DONALD BABERS and S ontributor address; City; State 500 MONTERREY ORT WORTH, TEXAS / Job title (See Instructions) ull name of contributor	 tiela Babens Zip Code 76/12 9 Employer (See Instruct 	100.00
5		(ID#:)	
			Amount of contribution (\$)
3-20-19	ALLAS, TEXAS 75	; Zip Code 206	250,00
	Job title (See Instructions)	Employer (See Instruct	ions)
3-21-19 Pa	ull name of contributor ETER ABERG ontributor address; R 29 CARLISLE ST. SI ALLAS, TEXAS 75204	Zip Code Lite 365	Amount of contribution (\$) $250, \frac{00}{2}$
	/ Job title (See Instructions)	Employer (See Instruct	ions)
		(ID#:) ; Zip Code	Amount of contribution (\$)
Principal occupation /	Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O		EDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Exp y Gift/Awards/Memorials Expense Printing Exp	xpense Travel Out Of District Nages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME JUNGUS JOR	DAW 3 Filer ID (Ethics Commission Filers)		
4 Date 1-9-19	5 Payee name THE FORT WOR	TH CLUB		
6 Amount (\$) 225, 16	7 Payee address; City; State; Zip Code 306 WEST SEV FORT WORTH, TE	ENTH STREET EXAS 76103		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
2-11-19	THE FORT W	ORTH CLUB		
Amount (\$) 225, <u>16</u>	Payee address; City; State; Zip Code 306 WEST SE FORT WORTH	TEXAS 76102		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date Z-28-19	Payee name THE EPPSTEIN	N GROUP		
Amount (\$) 7,500.00	Payee address; City; State; Zip Code 2830 S. HULEN St. FORT WORTH, TEXAS	# 361 76109		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. 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

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide exp	ains how to complete this form.		
1 Total pages Schedule F1: 2 of 3	2 FILER NAME JUNGUS	JORDAN	3 Filer ID (Ethics Commission Filers)	
⁴ Date 2-28-19		PSTEIN GRO	μρ	
6 Amount (\$)	7 Payee address; City; State; 2830 S. Huu	EN St. #361		
176.	FORT WO	RTH, TEXAS 7	6109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Second Seco	ES Check if travel	outside of Texas. Complete Schedule T. tin, TX, officeholder fiving expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
2-28-19	THE E	PPSTEIN GI	ROUP	
Amount (\$)		EN ST. # 361 M, TEXAS 71	6109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of th CONSULTING EXPENSE	Check if travel of	outside of Texas. Complete Schedule T. in, 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		_	
3-6-19	THE FOR	T WORTH C	LUB	
Amount (\$) 225.16	Payee address; City; State; 306 WEST S FORT WORT	EVENTY STRE TH, TEXAS 7	ET 6/02	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of th OTHER - DUES	his schedule) Description	outside of Texas. Complete Schedule T. in, 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

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EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp y Gift/Awards/Memoriats Expense Printing Exp	eense Travel In District pense Travel Out Of District ages/Contract Labor Other (enter a category	ent & Related Expense		
1 Total pages Schedule F1: 3 of 3	2 FILER NAME JUNGUS JORD	3 Filer ID (Ethics)	Commission Filers)		
⁴ Date 3-22-19	5 Payee name THE EPPSTEIN	V GROUP			
6 Amount (\$) 12,750, 6	7 Payee address; City; State; Zip Code Z830 S. HULEN # FORT WORTH, TEXAS	± 361 76109			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER: GRASS ROOTS ACTIVITIES AND CONSULTING	(b) Description Check if travel outside of Texas. Complete Sch			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought C	Office held		
Date 3- 22 - 19	Payee name THE EPPSTEM	N GROUP			
Amount (\$) 4,247. 33	Payee address; 2830 S. HALEN ST, FORT WORTY, TEX	#361 (AS 76/09			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES: MATERIAL EXPENSES SIGNS	Description Check if travel outside of Texas. Complete Sch			
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought C	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Sch Check if Austin, TX, officeholder living ex			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

Forms provided by Texas Ethics Commission

SCHEDULE F1