



# 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.

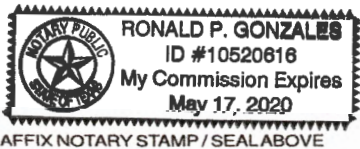
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL 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)	\$ 20,700.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 35,349.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 85,866.00
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 3rd day of April, 2019, to certify which, witness my hand and seal of office.

Ronald P. Gonzales Printed name of officer administering oath  
Ronald P. Gonzales Signature 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	\$ 20,700. <sup>00</sup>
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	\$ 35,344. <sup>65</sup>
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: <b>1 of 3</b>
2 FILER NAME <b>JUNGUS JORDAN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2-7-19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sharen Wilson</b>	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 282 FORT WORTH, TEXAS 76101</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2-25-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FORT WORTH FIREFIGHTERS COMMITTEE For Responsible GOVERNMENT</b>	Amount of contribution (\$) <b>3,000.00</b>
Contributor address; City; State; Zip Code <b>3855 TULSA WAY, FORT WORTH, TX 76107-3345</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-26-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ACME BRICK COMPANY GOOD GOVERNMENT FUND</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>P.O. BOX 425, FORT WORTH, TX 76101</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2-6-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GOOD GOVERNMENT FUND</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>201 MAIN STREET, SUITE 2500 FORT WORTH, TX 76102</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.

**4,250.00**

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2 of 3</b>
2 FILER NAME <b>JUNGUS JORDAN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-6-19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DSEL PAC</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>201 MAIN STREET, SUITE 2500 FORT WORTH, TX 76102</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3-4-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>COMMITTEE FOR PUBLIC SAFETY FORT WORTH POLICE OFFICER'S ASSOCIATION</b>	Amount of contribution (\$) <b>15,000.00</b>
Contributor address; City; State; Zip Code <b>2501 PARKVIEW DRIVE, STE. 600 FORT WORTH, TX 76102</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-11-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DEANNA G. BAKER</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>7608 QUAIL RIDGE COURT FORT WORTH, TX 76132</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-11-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PATRICK E. POWERS, JR.</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>P.O. BOX 100758 FORT WORTH, TX 76185-0758</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.	
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**15,850.00**

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1: <b>3 of 3</b>
2 FILER NAME <b>JUNGUS JORDAN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-5-19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>C. DONALD BABERS and Shiela Babers</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>7500 MONTERREY FORT WORTH, TEXAS 76112</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>3-20-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEVEN D. SAXON</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>5206 HOMER STREET DALLAS, TEXAS 75206</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>3-21-19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PETER ABERG</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>2929 CARLISLE ST. SUITE 365 DALLAS, TEXAS 75204</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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.

1 Total pages Schedule F1: <b>1 of 3</b>	2 FILER NAME <b>JUNGUS JORDAN</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1-9-19</b>	5 Payee name <b>THE FORT WORTH CLUB</b>	
6 Amount (\$) <b>225.16</b>	7 Payee address; City; State; Zip Code <b>306 WEST SEVENTH STREET FORT WORTH, TEXAS 76102</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>OTHER - DUES</b>	(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 <b>2-11-19</b>	Payee name <b>THE FORT WORTH CLUB</b>	
Amount (\$) <b>225.16</b>	Payee address; City; State; Zip Code <b>306 WEST SEVENTH STREET FORT WORTH, TEXAS 76102</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER - 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
	Candidate / Officeholder name      Office sought      Office held	
Date <b>2-28-19</b>	Payee name <b>THE EPPSTEIN GROUP</b>	
Amount (\$) <b>7,500.00</b>	Payee address; City; State; Zip Code <b>2830 S. HULEN ST. #361 FORT WORTH, TEXAS 76109</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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 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.

<b>1</b> Total pages Schedule F1: <b>2 of 3</b>	<b>2</b> FILER NAME <b>JUNGUS JORDAN</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2-28-19</b>	<b>5</b> Payee name <b>THE EPPSTEIN GROUP</b>	
<b>6</b> Amount (\$) <b>176. <u>84</u></b>	<b>7</b> Payee address; City; State; Zip Code <b>2830 S. HULEN ST. # 361 FORT WORTH, TEXAS 76109</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>OTHER WEB EXPENSES</b>	<b>(b) Description</b> <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
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Date <b>2-28-19</b>	Payee name <b>THE EPPSTEIN GROUP</b>		
Amount (\$) <b>10,000. <u>00</u></b>	Payee address; City; State; Zip Code <b>2830 S. HULEN ST. # 361 FORT WORTH, TEXAS 76109</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3-6-19</b>	Payee name <b>THE FORT WORTH CLUB</b>		
Amount (\$) <b>225. <u>16</u></b>	Payee address; City; State; Zip Code <b>306 WEST SEVENTH STREET FORT WORTH, TEXAS 76102</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER - 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	

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)

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: 3 of 3	<b>2</b> FILER NAME JUNGUS JORDAN	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3-22-19	<b>5</b> Payee name THE EPPSTEIN GROUP	
<b>6</b> Amount (\$) 12,750. <sup>00</sup> -	<b>7</b> Payee address; City; State; Zip Code 2830 S. HULEN #361 FORT WORTH, TEXAS 76109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) OTHER: GRASS ROOTS ACTIVITIES AND CONSULTING	<b>(b)</b> Description <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 3-22-19	Payee name THE EPPSTEIN GROUP
Amount (\$) 4,247. <sup>33</sup> / <sub>XX</sub>	Payee address; City; State; Zip Code 2830 S. HULEN ST. #361 FORT WORTH, TEXAS 76109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE: MATERIAL EXPENSES SIGNS
	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
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name      Office sought      Office held

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