

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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

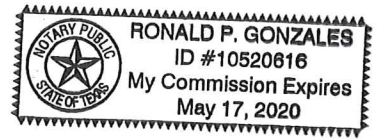
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,226.15
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 32,276.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 37,113.55
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.



AFFIX NOTARY STAMP / SEAL ABOVE

Jungus Jordan
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said JUNGUS JORDAN, this the 15th day of July, 2019, 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

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	\$ 9,500. ⁰⁰
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 11,726. ⁶⁵
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	\$ 32,276. ⁷⁰
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 3

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

4-25-19

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

SELMA J. FULLMER

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

909 EDNEY
FORT WORTH, TEXAS 76115

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-25-19

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

HERMAN D. and AMANDA R. 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

4-29-19

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

STEVEN BRADFORD and LAUREN DAVIS

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

4427 GLENLEIGH DRIVE
DALLAS, TEXAS 75220

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-29-19

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

Q PAC

Amount of contribution (\$)

1,250.00

Contributor address; City; State; Zip Code

301 COMMERCE ST., STE. 3200
FORT WORTH, TEXAS 76102

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 3

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

4-29-19

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

HAMMER and NAILS CLUB - CANDIDATE

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

100 E 15th Street SUITE 600
FORT WORTH, TEXAS 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5-2-19

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

JOE and ELSA PANIAGUA

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

8125 MOUNT SHASTA CIRCLE
FORT WORTH, TEXAS 76137

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-1-19

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

FORT WORTH FIREFIGHTERS COMMITTEE
FOR RESPONSIBLE GOVERNMENT

Amount of contribution (\$)

2,000.00

Contributor address; City; State; Zip Code

3855 TULSA WAY
FORT WORTH, TEXAS 76107-3345

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-3-19

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

FORT WORTH RETIRED FIREFIGHTERS &
WIDOWS-COMMITTEE FOR RESPONSIBLE GOVT.

Amount of contribution (\$)

5,000.00

Contributor address; City; State; Zip Code

1617 TIERNEY ROAD
FORT WORTH, TEXAS 76112

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 3

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

5-3-19

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

HALFF ASSOCIATES - STATE PAC

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

1201 N. BOWSER ROAD
RICHARDSON, TEXAS 75081

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5-8-19

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

MARGARET WILLBERN DEMOSS

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

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

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 2	
2 FILER NAME JUNGUS JORDAN		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 5/4/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORT WORTH Police Officers Ass. PACE	8 Amount of Contribution \$ 8,588.48	9 In-kind contribution description MAIL PIECE ADVERTISING
7 Contributor address: City: State: Zip Code 2501 PARKVIEW DR. SUITE 600 FORT WORTH, TEXAS 76102		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 5/4/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORT WORTH Police Officers Ass. PACE	Amount of Contribution \$ 1,868.90	In-kind contribution description SIGNAGE ADVERTISING
Contributor address: City: State: Zip Code 2501 PARKVIEW DR. SUITE 600 FORT WORTH, TEXAS 76102		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2 of 2	
2 FILER NAME JUNGUS JORDAN		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 5/4/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORT WORTH FIREFIGHTERS COMMITTEE FOR RESPONSIBLE GOVERNMENT	8 Amount of Contribution \$ 1,268.75	9 In-kind contribution description LABOR & INSTALL SIGNS ADVERTISING
7 Contributor address; City; State; Zip Code 3855 TULSA WAY FORT WORTH, TEXAS 76107-3345		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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 4	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
4 Date 4/25/19	5 Payee name THE EPPSTEIN GROUP	
6 Amount (\$) 3,588.⁵²	7 Payee address; City; State; Zip Code 2830 SOUTH HULEN #361 FORT WORTH, TEXAS 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 4/25/19	Payee name THE EPPSTEIN GROUP	
Amount (\$) 5,980.⁸⁶	Payee address; City; State; Zip Code 2830 SOUTH HULEN #361 FORT WORTH, TEXAS 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING 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	
Date 5/4/19	Payee name COUSINS BAR B Q	
Amount (\$) 697.⁸⁷_{XX}	Payee address; City; State; Zip Code 6262 McCART AVE. FORT WORTH, TEXAS 76133	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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

10,267.²⁵

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: 2 of 4	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
4 Date 5/8/19	5 Payee name THE EPPSTEIN GROUP	
6 Amount (\$) 6589.34 <i>XX</i>	7 Payee address; City; State; Zip Code 2830 SOUTH HULEN #361 FORT WORTH, TEXAS 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense MAILER	(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 5/8/19	Payee name THE EPPSTEIN GROUP	
Amount (\$) 1636.77 <i>XX</i>	Payee address; City; State; Zip Code 2830 SOUTH HULEN #361 FORT WORTH TEXAS 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising EXPENSE GOTV	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 5/8/19	Payee name THE EPPSTEIN GROUP	
Amount (\$) 490.73 <i>XX</i>	Payee address; City; State; Zip Code 2830 SOUTH HULEN #361 FORT WORTH, TEXAS 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING Expense - Miscellaneous	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

8716.84

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 4	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
4 Date 5/8/19	5 Payee name THE FORT WORTH CLUB	
6 Amount (\$) 235.99	7 Payee address; City; State; Zip Code 306 WEST SEVENTH STREET FORT WORTH, TEXAS 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 5/8/19	Payee name THE EPPSTEIN GROUP	
Amount (\$) 7,500.00	Payee address; City; State; Zip Code 2830 SOUTH HULEN #361 FORT WORTH, TEXAS 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 5/8/19	Payee name THE EPPSTEIN GROUP	
Amount (\$) 4,800.00	Payee address; City; State; Zip Code 2830 SOUTH HULEN #361 FORT WORTH, TEXAS 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising EXPENSE GOTV	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

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: 4 of 4	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
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4 Date 5/27	5 Payee name THE EPPSTEIN GROUP
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6 Amount (\$) 270. ⁶³/_{xx}	7 Payee address; City; State; Zip Code 2830 SOUTH HULEW #361 FORT WORTH, TEXAS 76109
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising EXPENSE Phone GOTV	(b) 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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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/10/19	Payee name THE FORT WORTH CLUB
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Amount (\$) 235. ⁹⁹/	Payee address; City; State; Zip Code 306 WEST SEVENTH STREET FORT WORTH, TEXAS 76102
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - DUES	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 6/29/19	Payee name SEAN Foushee
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Amount (\$) 250.00	Payee address; City; State; Zip Code 4921 SADDLEBACK ROAD ARLINGTON, TEXAS 76017
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE WEBSITE Maintenance	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED