

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 24px; font-weight: bold;">10</div>						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 24px; font-weight: bold;">MR. JUNGUS F.</div> <hr style="border: 0; border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24px; font-weight: bold;">JORDAN</div>	<div style="border: 2px solid red; border-radius: 50%; padding: 10px; width: 150px; margin: 0 auto;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="text-align: center; margin: 0;">Date Received</p> <div style="text-align: center; margin: 5px 0;"> </div> <p style="text-align: center; margin: 0; font-size: 18px; font-weight: bold;">RECEIVED</p> <p style="text-align: center; margin: 0; font-size: 16px; font-weight: bold;">JUL 13 2017</p> <p style="text-align: center; margin: 0; font-size: 12px;">CITY OF FORT WORTH CITY SECRETARY</p> </div> <p style="text-align: center; margin: 5px 0; font-size: 10px;">Date Hand-delivered or Date Postmarked</p> <table style="width: 100%; border-collapse: collapse; font-size: 10px;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width: 50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged	
Receipt #	Amount \$								
Date Processed									
Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 24px; font-weight: bold;">5316 STARRY COURT FORT WORTH, TEXAS 76123</div>								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 24px; font-weight: bold;">(817) 343-2978</div>								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 24px; font-weight: bold;">MRS. ELAINE</div> <hr style="border: 0; border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24px; font-weight: bold;">PETRUS</div>								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 24px; font-weight: bold;">3736 COUNTRY CLUB FORT WORTH, TEXAS 76109</div>								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 24px; font-weight: bold;">(817) 924-8498 817 996-2215</div>								
9 REPORT TYPE	<table style="width: 100%; font-size: 12px;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>	<input 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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	<table style="width: 100%; font-size: 12px;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 24px; font-weight: bold;">4 / 27 / 17</td> <td></td> <td style="text-align: center; font-size: 24px; font-weight: bold;">6 / 30 / 17</td> </tr> </table>	Month Day Year	THROUGH	Month Day Year	4 / 27 / 17		6 / 30 / 17		
Month Day Year	THROUGH	Month Day Year							
4 / 27 / 17		6 / 30 / 17							
11 ELECTION	<table style="width: 100%; font-size: 12px;"> <tr> <td style="width: 40%;"> ELECTION DATE Month Day Year / / </td> <td style="width: 60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>	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						
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) <div style="text-align: center; font-size: 24px; font-weight: bold;">CITY COUNCIL MEMBER CITY OF FORT WORTH DISTRICT 6</div>	13 OFFICE SOUGHT (if known)							

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

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)	\$ 3775.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ 33,880.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 77,751.29
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 13th day of July, 2017, to certify which, witness my hand and seal of office.

Mary Kayser
Signature of officer administering oath

MARY J KAYSER
Printed name of officer administering oath

City Saultan
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>JUNGUS JORDAN</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>3775.00</i>
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	\$ <i>33,880.49</i>
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 2

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

4-28-17

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

MR. + MRS. L.O. BRIGHTBILL III

6 Contributor address; City; State; Zip Code

8908 CRESTWOOD DRIVE
FORT WORTH, TEXAS 76179

7 Amount of contribution (\$)

150.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-29-17

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

KAREN E. and Robert E. KRAMER

Contributor address; City; State; Zip Code

7125 AXIS COURT
FORT WORTH, TEXAS 76132

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-1-17

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

EDWARD P. BASS

Contributor address; City; State; Zip Code

201 MAIN STREET, SUITE 2700
FORT WORTH, TEXAS 76102

Amount of contribution (\$)

1,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-1-17

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

ANNE T. and ROBERT M. BASS

Contributor address; City; State; Zip Code

201 MAIN STREET,
FORT WORTH, TEXAS 76102

Amount of contribution (\$)

1,500.00

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:
2 of 2

2 FILER NAME
JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date
5-6-17

5 Full name of contributor out-of-state PAC (ID#: _____)
JOHN E. STEVENSON

6 Contributor address; City; State; Zip Code
**3701 MINOT AVENUE
FORT WORTH, TEXAS 76133**

7 Amount of contribution (\$)
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
5-5-17

Full name of contributor out-of-state PAC (ID#: _____)
CHARLES W. and DIANNE R. NIXON

Contributor address; City; State; Zip Code
**3560 MANDERLY PLACE
FORT WORTH, TEXAS 76109**

Amount of contribution (\$)
200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5-6-17

Full name of contributor out-of-state PAC (ID#: _____)
ARNOLD and HARRIETTE GACHMAN

Contributor address; City; State; Zip Code
**1229 SHADY OAKS LANE
FORT WORTH, TEXAS 76107**

Amount of contribution (\$)
200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5-10-17

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

Contributor address; City; State; Zip Code
**4008 CLARKE AVENUE
FORT WORTH, TEXAS 76107**

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

600.00

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 5	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
4 Date 5-6-17	5 Payee name COUSINS	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 6262 MCCART AVENUE FORT WORTH, TEXAS 76133	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE 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 ELECTION NIGHT POLL WATCH EVENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 5-10-17	Payee name THE EPPSTEIN GROUP	
Amount (\$) 6,392.00	Payee address; City; State; Zip Code 4055 INTERNATIONAL PLAZA, Suite 600 FORT WORTH, TEXAS 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING & POSTAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIRECT MAIL
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 5-10-17	Payee name THE EPPSTEIN GROUP	
Amount (\$) 9,057.61	Payee address; City; State; Zip Code 4055 INTERNATIONAL PLAZA, SUITE 600 FORT WORTH, TEXAS 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING & POSTAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIRECT MAIL
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/Banking | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 OF 5	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
4 Date 5-10-17	5 Payee name THE EPPSTEIN GROUP	
6 Amount (\$) 471.⁸⁸	7 Payee address; City; State; Zip Code 4055 INTERNATIONAL PLAZA, SUITE 600 FORT WORTH, TEXAS 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING & POSTAGE 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 ENDORSEMENT CARDS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5-10-17	Payee name THE EPPSTEIN GROUP	
Amount (\$) 6,123.⁵²	Payee address; City; State; Zip Code 4055 INTERNATIONAL PLAZA, SUITE 600 FORT WORTH, TEXAS 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING & POSTAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIRECT MAIL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5-10-17	Payee name THE EPPSTEIN GROUP	
Amount (\$) 7,500.⁰⁰	Payee address; City; State; Zip Code 4055 INTERNATIONAL PLAZA, SUITE 600 FORT WORTH, TEXAS 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) 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 CAMPAIGN WINNING BONUS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 5	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
4 Date 5-10-17	5 Payee name OUR WATER OUR FUTURE	
6 Amount (\$) 2,500.00	7 Payee address; City; State; Zip Code 777 TAYLOR STREET, SUITE 1030 FORT WORTH, TEXAS 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTIONS/DONATIONS MADE TO POLITICAL COMMITTEE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WATER BOARD
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6-12-17	Payee name THE ROTARY CLUB OF FORT WORTH	
Amount (\$) 300.00	Payee address; City; State; Zip Code 306 W. 7TH STREET, SUITE 715 FORT WORTH, TEXAS 76102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ROTARY MEMBERSHIP DUES
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6-12-17	Payee name THE ROTARY CLUB OF FORT WORTH	
Amount (\$) 100.00	Payee address; City; State; Zip Code 306 W. 7th STREET, SUITE 715 FORT WORTH, TEXAS 76102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION/DONATION MADE BY OFFICE HOLDER	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VETERANS & MILITARY FUND
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

2900.00

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 5	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)			
4 Date 6-12-17	5 Payee name SEAN FOUSHEE				
6 Amount (\$) 450.00	7 Payee address; City; State; Zip Code 4921 SADDLEBACK ROAD ARLINGTON, TEXAS 76017				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING/ 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 ANNUAL WEBSITE HOSTING			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 6-12-17	Payee name THE EPPSTEIN GROUP				
Amount (\$) 350.00	Payee address; City; State; Zip Code P.O. BOX 361 2830 S. HULEN STREET FORT WORTH, TEXAS 76109				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEDGWOOD SHOPPER			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 6-26-17	Payee name THE DONUT PALACE				
Amount (\$) 33.00	Payee address; City; State; Zip Code 5400 WOODWAY DRIVE 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 JAVA with JUNGUS			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

833.00

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: 5 of 5	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
4 Date 6-26-17	5 Payee name WALMART NEIGHBORHOOD MARKET	
6 Amount (\$) 42.48	7 Payee address; City; State; Zip Code 7800 SUMMER CREEK DRIVE FORT WORTH, TEXAS 76123	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD / BEVERAGE 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 JAVA with Jungus
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 6-26-17	Payee name BUFFALO WEST RESTAURANT CATERING	
Amount (\$) 260.00	Payee address; City; State; Zip Code 7101 CAMP BOWIE FORT WORTH, TEXAS 76116	
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 CARRY THE LOAD
	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
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED