OFFICIAL RECORD

FT. WORTH, TX FORM C/OH COVER SHEET PG 1 FORM C/OH

The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST SUNGU.	5 F.	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	JORDA	h	
4 CANDIDATE / OFFICEHOLDER MAILING	5316 STARRY	e i	RECEIVED JAN 16 200
ADDRESS Change of Address	FORT WORTH	1, TX 76123	CITY OF FORT WORTH CITY SECRETARY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 343-297	EXTENSION 8	Date Hand-delivered of Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MRS. ELAINE	МІ	Receipt # Amount \$
NAME	NICKNAME LAST		Date Processed
	PETRUS	r	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 3736 COUNTRY		ZIP CODE
(Residence or Business)	FORT WORTY		76109
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 924 8898	EXTENSION	
	817 996 2215		
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elect	etion Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
	7/1/2017	THROUGH /2 /	31/2017
11 ELECTION	ELECTION DATE Primary	ELECTION TYPE Runoff Other	
	Month Day Year General	Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
i.	CITY OF FORT WOR	M	×
	CITY COUNCIL MEMB CITY OF FORT WORL DISTRICT 6		
	GO TO F		

CANDIDATE / OFFICEHOLDER

CAMPAIGN FINANCE REPORT

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	JUNG	us	Ja	ROA	W			15 File	r ID	(Ethics	Commissi	ion Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N SUPPORT THE CANI KNOWLEDGE OR CO OF SUCH EXPENDIT	DIDATE / C	OFFICEHO	LDER. THES	SE EXPENDITU	RES MAY HAV	'E BEEN MADE	<i>штноит 1</i>	THE CA	NDIDATE	's or offic	CEHOLDER'S
	COMMITTEE TYPE	COMMI	ITTEE N	AME								
	GENERAL									o.		*
	SPECIFIC	соммі	TTEE AC	DRESS				ż				
										-		
		COMMI	TTEE CA	MPAIGN TE	REASURER N	IAME						9
Additional Pages												
		COMMI	TTEE C	\MPAIGN T	REASURER /	ADDRESS						
17 CONTRIBUTION TOTALS							(OTHER TH		\$			
	500 (5050 5000)			ONTRIBU S, LOANS	TIONS , OR GUAR	ANTEES C	OF LOANS)		\$			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED				\$							
	4. TOTAL POLITICAL EXPENDITURES \$ 5, 283.19 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 72,468. \(\frac{124}{224} \)					3.14						
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD					DAY	\$	72	,468	8. XX		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				THE	\$						
18 AFFIDAVIT												
							r penalty of p cludes all info					
AAAAAAAAAAAAA	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	†			under Title 1			1	roqui	red to b	3 reporte	d by file
	NALD P. GONZALES ID #10520616	***				Z		_10	7	La	_	
My	Commission Expires May 17, 2020					rung						
***************************************	WWW.				V	Signal	ture of Can	diblate of	r Offi	ceholde	er:	
AFFIX NOTARY STAMP	/SEALABOVE			,		,						
Sworn to and subscri	bed before me, by	the sa	aid	Jur	JGUS	Joh	ZDAN		this	the _	16 t	5
day of, to certify which, witness my hand and seal of office.												
fmale (mal		m	ald F	?. Go	nzale	25	7	W,	lary		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath												

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	JUNGUS JORDAN	Piler ID (Ethics Comn	nission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS	\$ 5,283.14
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	(\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS :	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	s	6
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BI	JSINESS OF C/OH	6
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO RETURNED TO FILER	NS (5

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

***************************************	EXPENDITURE CA	TEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	cal Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1	: 2 FILER NAME	JORDAN	3 Filer ID (Ethics Commission Filers)			
4 Date Sept. 5, 201	5 Payee name THE FORT WO	RTH CLUB				
6 Amount (\$) 214. 34 XX	7 Payee address; City; State; 306 WEST SEV		•			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of OTHER MEMBERS DUES	this schedule) (b) Description Check if travel out	tside of Texas. Complete Schedule T. , TX, officeholder living expense			
9 Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
Date Sept. 20,2017		RTH SUPPORT O	COMMITTEE			
Amount (\$)	Payee address; City; State; P.O, Box 246 FORT WORTH,					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the CONTRIBUTIONS / DIMADE BY OFFICE A	ONATIONS Check if travel outs	side of Texas. Complete Schedule T. TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date 10-20-17	Payee name AEROSPACE OP	TIMIST CLUB				
Amount (\$)	Payee address; City; State; P.O. BOX 3343 FORT WORTH,	35				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the Other - MEMBERS DuES	SIP Check if travel outs	ide of Texas. Complete Schedule T. 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

	EXPEN	NDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	office C e Expense Polling emorials Expense Printing	Repayment/Reimbursement Overhead/Rental Expense I Expense g Expense Is:/Wages/Contract Labor Io complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	INGUS JOR		3 Filer ID (Ethics Commission Filers)
4 Date 10-15-17	5 Payee name	FORT WE		1 B
6 Amount (\$) 214. ***		City; State; Zip Code SST SEVEW JORTH, TE	ITH STREE	T 102
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories Other DuES	MEMBERSHIF	(b) Description Check if travel ou Check if Austin	outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	der name	Office sought	Office held
Date 10-23-17	Payee name PURPOSE	DRIVEN YO	uth Emp	POWERMENT
Amount (\$) 290. 🙀	Payee address; 8613 Sul FORT Wo	City; State; Zip Code NW00DC0U DRTH, TEX A	et 5 76123	
PURPOSE OF EXPENDITURE	Category (See Categories li	isted at the top of this schedule)	Description Check if travel outs	tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold		Office sought	Office held
Date 10-30-17	Payee name HoDGES	P.R. SER	VICES and	d CONSULTING
Amount (\$) $2,500,\frac{00}{xx}$	Payee address;	City; State; Zip Code PLACF TH, TEXAS	AVENUE, S	SUITE MOV
PURPOSE OF EXPENDITURE	Category (See Categories lis	sted at the top of this schedule)	Description Check if travel outsi	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	ler name	Office sought	Office held
	ATTACH ADDITIO	ONAL COPIES OF THIS	SCHEDULE AS NEED	DED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office of Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing al Committee Legal Services Salarie	lepayment/Reimbursement Overhead/Rental Expense Expense g Expense s/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 explains how t	o complete this form.					
1 Total pages Schedule F1:	JUNGUS JO	RDAN	3 Filer ID (Ethics Commission Filers)				
4 Date 11-3-17	5 Payee name HOP REST	TAURANT					
6 Amount (\$) 63. 92	7 Payee address; City; State; Zip Code 5901 S.W. Loop FORT WORTH, To	820	132				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD / BEVER AGE EX PEWSE	(b) Description Check if travel out	side of Texas. Complete Schedule T. TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
11-10-17	WALMART NETO	HBORHOOD	MARKET				
Amount (\$) 39.63	Payee address; City; State; Zip Code 7800 SUMMER FORT WORTH,						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVENAGE EX PENSE	Description Check if travel outsi Check if Austin,	de of Texas. Complete Schedule T. TX, officeholder living expense With Jyncus				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date 11-10-17	Payee name THE DONUT PI	ALACE I					
Amount (\$) 33. 50	Payee address; City; State; Zip Code 5400 WOODWAY FORT WORTH, TEX	DRIVE 45 7613	33				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD BEVENAGE EXPENSE	Check if Austin, T	de of Texas. Complete Schedule T. X. officeholder living expense with Jangus				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED 👰				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office of Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor	Solicitation/Fundratising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		o complete and rema	3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1:	2 FILER NAME JUNGUS JORG	PA-N	O THE TO (CLINGS COMMISSION : NOTS)
4 Date 10-17-17	5 Payee name THE FORT U	JORTH CL	uß
6 Amount (\$)	7 Payee address; City; State; Zip Code		_
45, 47	306 West Sevent FORT WORTH, TE	745 7610) Z,
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
8 PURPOSE OF EXPENDITURE	EVENT EXPENSE	Check if Austin	nside of Texas. Complete Schedule T. , TX, officeholder living expense RAFFICING FING
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11-19-17	THE FORT W	ORTH CLI	u B
Amount (\$) 214.34	Payee address; City; State; Zip Code 306 WEST SEVEN FORT WORTH, TE	TY STREE	T 02
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Other - Member		side of Texas. Complete Schedule T.
OF EXPENDITURE	ship dues	L Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11-19-17	THE FORT WOR		
Amount (\$)	Payee address; City; State; Zip Code	ITH CTRE	ET
50.00	306 WEST SEVEN	NIT SIKE	
50,-	FORT WORTY, TE	X45 +6/0	0.7
	Category (See Gategories listed at the top of this schedule)	Description	
PURPOSE	CONTRIBUTION/ DONATION	Check if travel out	side of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin,	TX, afficeholder living expense
	by office holder		F HOLIDAY FUND
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE	DED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATE	EGORIES FOR BOX 0(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
			3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1:	JUNGUS	JORDAN	O THE TE (Lance Commission Transf)
4 Date Dec, 1,2017		ESTAURANT	
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
193.61	5901 S.W. FORT WORT	4, TEXAS 7	6/32
	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
8 PURPOSE OF	FOOD/BEVERAG		outside of Texas. Complete Schedule T. In, TX, officeholder living expense
EXPENDITURE	EXPENSE		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Data	Payee name		
Nov 29,7017	THE FORT	WORTH CLU	B
Amount (\$)	Payee address; City; State;	Zip Code	7 -7-
189.65x	Payee address; City; State; 306 WEST SE FORT WORTH,	TEXAS 761	02
	Category (See Categories listed at the top of this		
PURPOSE	FOOD / BEVERAGE	Check if Austi	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
OF EXPENDITURE	FOOD / BEVERAGE EXPENSE		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
D.1-	Payee name		
Dec. 11,2017	THE FORT L	JORTY CLU	B
Amount (\$)	0" 0-1	Zin Cada	
94	201 WEST	SINEWTY ST	REEF
214, 😿	FORT WORT	4, TEXAS	76102
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE OF	OTHER/ MEMBERS DUES	SUIP Check if travel of Check if Austi	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
EXPENDITURE	DUES		· · ·
	O didet / Officebalder nome	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Onice sought	5,100
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	
	and the same of th		D