

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	\$ 25.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23,383.12 / XX
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 30,141.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 107,856.77 / XX
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 27th day of APRIL, 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 Secretary
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	\$ 16,150. ⁰⁰
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 7,233. ¹² / _{xx}
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	\$ 30,141. ⁷⁶
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 10

2 FILER NAME
JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)
.

4 Date: 3-31-17
5 Full name of contributor: CAROL B. and ROBERT W. BEARDSLEY
 out-of-state PAC (ID#: _____)
6 Contributor address: 4101 ALICANTE AVENUE
FORT WORTH, TEXAS 76133
City: _____ State: _____ Zip Code: _____

7 Amount of contribution (\$)
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date: 4-2-17
Full name of contributor: JO HICKMAN
 out-of-state PAC (ID#: _____)
Contributor address: 2125 FOUNTAIN SQUARE DRIVE
FORT WORTH, TEXAS 76107
City: _____ State: _____ Zip Code: _____

Amount of contribution (\$)
250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 4-5-17
Full name of contributor: MICHAEL + BEVERLY REILLY
 out-of-state PAC (ID#: _____)
Contributor address: 1017 S. FM. ROAD 5
ALEDO, TEXAS 76008
City: _____ State: _____ Zip Code: _____

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 4-17-17
Full name of contributor: JAMES D. and Shirley DANNENBAUM
 out-of-state PAC (ID#: _____)
Contributor address: 3100 W. ALABAMA STREET P.O. BOX 22292
HOUSTON, TEXAS 77227-2292
City: _____ State: _____ Zip Code: _____

Amount of contribution (\$)
750.00

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 10
2 FILER NAME JUNGUS JORDAN		3 Filer ID (Ethics Commission Filers)
4 Date 4-7-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JESSE P. and JOLINDA MARTINEZ 6 Contributor address; City; State; Zip Code 4262 CADIZ DRIVE FORT WORTH, TEXAS 76133	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-12-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ACME BRICK COMPANY GOOD GOVERNMENT FUND Contributor address; City; State; Zip Code P.O. BOX 425 FORT WORTH, TEXAS 76101	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-17-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POLITICAL ACTION COMMITTEE OF PACHECO KOCH Contributor address; City; State; Zip Code 7557 RAMBLER ROAD, STE. 1400 DALLAS, TEXAS 75231-2388	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-17-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAROLD MUCKLERDY, JR. Contributor address; City; State; Zip Code 3455 RANCH VIEW COURT FORT WORTH, TEXAS 76109	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

950.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 10

2 FILER NAME
JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date: 4-7-17
5 Full name of contributor: Q PAC
 out-of-state PAC (ID#: _____)
6 Contributor address; City; State; Zip Code
301 COMMERCE ST, SUITE 3200
FORT WORTH, TEXAS 76102

7 Amount of contribution (\$)
1,250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date: 4-17-17
Full name of contributor: COBB FENDLEY PAC
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
13430 NORTHWEST FREEWAY, SUITE 1100
HOUSTON, TEXAS 77040

Amount of contribution (\$)
200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 4-10-17
Full name of contributor: DONALD K. JURY
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
436 HALTON ROAD
FORT WORTH, TEXAS 76117

Amount of contribution (\$)
500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 4-10-17
Full name of contributor: JAMES R. DUNAWAY
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
777 TAYLOR ST, SUITE 1040
FORT WORTH, TEXAS 76102

Amount of contribution (\$)
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.

2450.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 10

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

4-13-17

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

TIM and NANCY CARTER

6 Contributor address; City; State; Zip Code

3408 RUSTWOOD COURT
FORT WORTH, TEXAS 76109

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-17-17

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

HALFF ASSOCIATES - STATE PAC

Contributor address; City; State; Zip Code

1201 N. BOWSER ROAD
RICHARDSON, TX 75081

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-13-17

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

WESLEY R. TURNER

Contributor address; City; State; Zip Code

500 W. 7TH, SUITE 1701
FORT WORTH, TEXAS 76102

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-13-17

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

ANTHONY OR ASHLEY RUGGERI

Contributor address; City; State; Zip Code

6935 LAKESHORE DRIVE
DALLAS, TEXAS 75214

Amount of contribution (\$)

1,000.00

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:

5 of 10

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

4-13-17

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

JOHN C. WAGNER

7 Amount of contribution (\$)

1,000.00

6 Contributor address; City; State; Zip Code

5722 STONEGATE ROAD
DALLAS, TEXAS 75209

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-13-17

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

JOHN P. BOSWELL

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

1320 LAKE STREET
FORT WORTH, TEXAS 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-13-17

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

JERRY and CHERYL CONATSER

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

6716 ST. ANDREWS ROAD
FORT WORTH, TEXAS 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-13-17

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

POPE, HARDWICKE, CHRISTIE, SCHELL
KELLY + TAPLETT, LLP

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

500 W. 7TH SUITE 600
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:

6 of 10

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

4-14-17

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

ROBERT LYNN and MARGIE MANTHEI

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

116 CROOKED STICK LANE
ALEDO, TEXAS 76008

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-17-17

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

CARL BRIAN and BRIDGETTE SHAMBURGER

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

128 SCYAMORE COURT
GRAPEVINE, TEXAS 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-17-17

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

Wm. BART HINES OR D. PAGE HINES

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

3720 WINIFRED DRIVE
FORT WORTH, TEXAS 76133

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-17-17

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

CARL and ALLISON L KROGNESS

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

3721 ARROYO ROAD
FORT WORTH, TEXAS 76109

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:
7 of 10

2 FILER NAME

JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date

4-17-17

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

AUSTIN THOMAS and CHRISTINE REILLY

6 Contributor address; City; State; Zip Code

5429 HUNTLY DRIVE
FORT WORTH, TEXAS 76109

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-17-17

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

STEPHEN R. and DENISE McCUNE

Contributor address; City; State; Zip Code

5316 WOODWAY DRIVE
FORT WORTH, TEXAS 76133

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-17-17

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

DAN E. LOWRANCE

Contributor address; City; State; Zip Code

2008 FOUR OAKS LANE
FORT WORTH, TEXAS 76107

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-17-17

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

JOYCE R. HANSTROM - PARLIN

Contributor address; City; State; Zip Code

6147 WHITE TAIL TRAIL
FORT WORTH, TEXAS 76132

Amount of contribution (\$)

25.00

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:
8 of 10

2 FILER NAME
JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date: 4-17-17
5 Full name of contributor: ROSA NAVEJAR
 out-of-state PAC (ID#: _____)
6 Contributor address; City; State; Zip Code
2701 CALDER COURT
FORT WORTH, TEXAS 76107

7 Amount of contribution (\$)
250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date: 4-17-17
Full name of contributor: BRAD J. GORRONDONA
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
108 ENCHANTED COURT N.
BURLESON, TEXAS 76028

Amount of contribution (\$)
500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 4-17-17
Full name of contributor: MR. and MRS. JOHN V. ROACH II
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
2805 ALTON ROAD
FORT WORTH, TEXAS 76109

Amount of contribution (\$)
250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 4-19-17
Full name of contributor: KEITH and TERESA ARGENBRIGHT
 out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
6716 ASHBROOK DRIVE
FORT WORTH, TEXAS 76132

Amount of contribution (\$)
250.00

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: 9 of 10
2 FILER NAME JUNGUS JORDAN		3 Filer ID (Ethics Commission Filers)
4 Date 4-20-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAUDE and CLAIRE BROWN 6 Contributor address; City; State; Zip Code 6149 WALLA AVENUE FORT WORTH, TEXAS 76133	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-14-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael and STEPHANIE DIKE Contributor address; City; State; Zip Code 1513 RIVER CREST COURT FORT WORTH, TEXAS 76107	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-25-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) APARTMENT ASSOCIATION TARRANT COUNTY PAC Contributor address; City; State; Zip Code 6350 BAKER BLVD. RICHLAND HILLS TX 76118	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-20-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ED GARAHAN Contributor address; City; State; Zip Code 17120 DALLAS PARKWAY SUITE 101 DALLAS, TEXAS 75248	Amount of contribution (\$) 400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10 of 10

2 FILER NAME JUNGUS JORDAN

3 Filer ID (Ethics Commission Filers)

4 Date 4-18-17

5 Full name of contributor STEVEN C. COCANNOWER

7 Amount of contribution (\$)

6 Contributor address; 4200 FRENCH LAKE FORT WORTH, TEXAS 76133

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 4-24-17

Full name of contributor GREATER FORT WORTH REAL ESTATE COUNCIL PAC

Amount of contribution (\$)

Contributor address; 777 MAIN STREET, SUITE 2100 FORT WORTH, TX 76102

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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	\$ -0-
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5 Date 4-2-17	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN DOTSON and SHAREN WILSON	8 Amount of Contribution \$ 80.00	9 In-kind contribution description FOOD / BEVERAGE
7 Contributor address; City; State; Zip Code 7155 WHITETAIL COURT FORT WORTH, TEXAS 76132		<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 4-13-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALCOLM LOUDEN	Amount of Contribution \$ 4,987.56	In-kind contribution description FOOD / BEVERAGE FOR EVENT
Contributor address; City; State; Zip Code 500 W. 7th STREET, UNIT #27, STE. 1007 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	\$ - 0 -

5 Date 4-5-17	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORT WORTH POLICE OFFICERS ASSOCIATION	8 Amount of Contribution \$ 1,805.56	9 In-kind contribution description ADVERTISING SIGNS & Deploy
7 Contributor address; City; State; Zip Code 904 COLLIER 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 4-11-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN DOTSON and SHAREN WILSON	Amount of Contribution \$ 360.00	In-kind contribution description MAILER + postage
Contributor address; City; State; Zip Code 7155 WHITETAIL COURT FORT WORTH, TEXAS 76132		<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)

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 2	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
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4 Date 4-22-17	5 Payee name WALMART NEIGHBORHOOD MARKET
--------------------------	--

6 Amount (\$) 31.76	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 EVENT
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 4-22-17	Payee name THE DONUT PALACE II
------------------------	--

Amount (\$) 26.00	Payee address; City; State; Zip Code 5400 WOODWAY DRIVE FORT WORTH, TEXAS 76133
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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 EVENT
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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 4-26-17	Payee name THE EPPSTEIN GROUP
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Amount (\$) 15,000	Payee address; City; State; Zip Code 4055 INTERNATIONAL PLAZA SUITE 600 FORT WORTH, TEXAS 76109
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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 CONSULTING
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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

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: 2 of 2	2 FILER NAME JUNGUS JORDAN	3 Filer ID (Ethics Commission Filers)
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4 Date 4-26-17	5 Payee name THE EPPSTEIN GROUP
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6 Amount (\$) 3,464.00	7 Payee address; City; State; Zip Code 4055 INTERNATIONAL PLAZA Suite 600 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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOTER CONTACT
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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 4-26-17	Payee name THE EPPSTEIN GROUP
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Amount (\$) 1,620.00	Payee address; City; State; Zip Code 4055 INTERNATIONAL PLAZA, SUITE 600 FORT WORTH, TEXAS 76109
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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 NEWSPAPER ADS
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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 4-26-17	Payee name THE EPPSTEIN GROUP
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Amount (\$) 10,000	Payee address; City; State; Zip Code 4055 INTERNATIONAL PLAZA, Suite 600 FORT WORTH, TEXAS 76109
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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 DIRECT MAIL
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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