RECEIVED
JAN 13 2015
CITY OF FORT WORTH
CITY SECRETARY

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission Filers)

2 Total pages filed: 25

OFFICE USE ONLY

Date Received

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR. FIRST: JUNGUS MI: F.
NICKNAME LAST: JORDAN SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ change of address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
5316 STARRY COURT
FORT WORTH, TEXAS 76123

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 343-2978

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MRS. FIRST: ELAINE MI:
NICKNAME LAST: PETRUS SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3736 COUNTRY CLUB CIRCLE
FORT WORTH, TEXAS 76109

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 924-8898

9 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 7 / 1 / 2014 THROUGH Month Day Year: 12 / 31 / 2014

11 ELECTION

ELECTION DATE Month Day Year: / /

ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): CITY COUNCIL MEMBER CITY OF FORT WORTH DISTRICT 6

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: JUNGUS JORDAN

15 ACCOUNT # (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)	$ 37,590.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 217.00
	4. **TOTAL POLITICAL EXPENDITURES**	$ 7,561.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 76,978.15
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 January, 20 15, to certify which, witness my hand and seal of office.

Ronald P. Gonzales	RONALD P. GONZALES	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1 of 16

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8-12-14	TIMOTHY L. and ELAINE PETRUS 3736 COUNTRY CLUB CIRCLE FORT WORTH, TEXAS 76109	500.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-12-14	JOHN H. and LINDA MADDUX 2120 RIDGMAR BLVD., SUITE 14 FORT WORTH, TEXAS 76116	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-12-14	KENNETH L. BARR 3101 AVONDALE AVENUE FORT WORTH, TEXAS 76109	150.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-12-14	CHARLIE GEREN CAMPAIGN ACCOUNT P. O. 1440 FORT WORTH, TEXAS 76101	250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-13-14	WILSON J. and CAROL LINDSAY 4345 CARTAGENA FORT WORTH, TEXAS 76133	100.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 2 OF 16

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8-13-14	THOMAS L. KRAMPITZ 749 N. MAIN STREET FORT WORTH, TEXAS 76102	250.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-13-14	EDWARD P. BASS 201 MAIN STREET, SUITE 2700 FORT WORTH, TEXAS 76102	2,500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-13-14	GARY W. TERRY 117 SHADY LAKE COURT HURST, TEXAS 76054	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-13-14	WILLIAM and PATRICIA GORDON 5201 WINIFRED DRIVE FORT WORTH, TEXAS 76133	150.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-13-14	GARY FICKES CAMPAIGN 4021 HILLTOP DRIVE SOUTHLAKE, TEXAS 76092	100.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 3 of 16

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8-13-14	DAVID C. GOODROE, SR. & MELISSA 4500 CREEKSIDE DRIVE FORT WORTH, TEXAS 76137	100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-13-14	HALFF ASSOCIATES STATE PAC 1201 N. BOWSER ROAD RICHARDSON, TEXAS 75081	500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-14-14	MR. and MRS. JOHN V. ROACH II 2805 ALTON ROAD FORT WORTH, TEXAS 76109	500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-14-14	JENNIFER and MARTIN HARNISH 7316 OLD MILL RUN FORT WORTH, TEXAS 76133	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-14-14	TAYLOR and SHIRLEY GANDY 4250 SARITA COURT FORT WORTH, TEXAS 76109	500.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 4 OF 16

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8-14-14	CHARLES and SUZANNE WELLS 5905 WALRAVEN CIRCLE FORT WORTH, TEXAS 76133	50.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-14-14	CYRUS R. FRANCIS, JR. and NINA 2104 BETTIGART STREET FORT WORTH, TEXAS 76134	50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-14-14	H. NEIL and MARY VAN GEEM 3708 WAYLAND DRIVE FORT WORTH, TEXAS 76133	50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-14-14	J. J. CARRIER 3720 WOOTEN DRIVE FORT WORTH, TEXAS 76133	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-14-14	ELIZABETH ANN and BARNEY HOLLAND 3647 ENCANTO DRIVE FORT WORTH, TEXAS 76109	500.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 5 OF 16

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8-14-14	DEE S. FINLEY, JR. and REBECCA 2412 MEDFORD COURT EAST FORT WORTH, TEXAS 76109	100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-14-14	TIMOTHY H. FLEET 3045 LACKLAND ROAD FORT WORTH, TEXAS 76116	2,500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-15-14	MITCH REITMAN 3805 TRAILS EDGE FORT WORTH, TEXAS 76109	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-15-14	WILLIAM S. DAVIS P.O. BOX 122269 FORT WORTH, TEXAS 76121	500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-15-14	WILL ALLEN COURTNEY P.O. BOX 121488 FORT WORTH, TEXAS 76121	250.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 6 OF 16

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8-15-14	WILLIAM D. and ANN M. GREENHILL 1608 ASHLAND AVENUE FORT WORTH, TEXAS 76107	250.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-18-14	JAMES W. and JUDY J. SCHELL 901 WASHINGTON TERRACE FORT WORTH, TEXAS 76107	500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-16-14	E. SCOTT POLIKOV and HEATHER PULLEN 3000 BLACKBURN St. #401 DALLAS, TEXAS 75204	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-16-14	JUANITA N. KIRTLEY 7024 CASTLE CREEK DRIVE E. FORT WORTH, TEXAS 76132	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-17-14	RANDALL C. GIDEON 3812 MONTICELLO DRIVE FORT WORTH, TEXAS 76107	100.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7 of 16

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8-18-14	VERNELL STURNS 612 HIGHWOODS TRAIL FORT WORTH, TEXAS 76112	100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-18-14	STACEY L. JANDRUCKO 617 WESTWOOD AVENUE FORT WORTH, TEXAS 76107	1,000.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-18-14	ROBERT D. and JOANI M. BENDA 608 PAINT PONY TRAIL, N. FORT WORTH, TEXAS 76108	500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-18-14	MARGARET and JAMES De MOSS 2600 W. 7th St. #2644 FORT WORTH, TEXAS 76107	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-19-14	ARMANDA and JOHN E. LONG 3315 BELLAIRE PARK COURT FORT WORTH, TEXAS 76109	150.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 8 OF 16

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8-19-14	GERALDINE A. UTSEY 6126 WOODGARDEN LANE BENBROOK, TEXAS 76132	50.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-19-14	THOMAS S. and JACQUELINE GALBREATH 11717 CAMBRIA COURT ALEDO, TEXAS 76008	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-19-14	G. MALCOLM LOUDEN 500 W. 7th, UNIT 27, STE. 1007 FORT WORTH, TEXAS 76102	5,000.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-19-14	MARY E. FAGRAS 3425 WREN AVENUE FORT WORTH, TEXAS 76133	15.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-20-14	WILLIAM W. and PATRICIA MEADOWS 3904 HAMILTON AVENUE FORT WORTH, TEXAS 76107	250.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 9 OF 16

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8-20-14	JEANNE BAUER 3809 WALTON FORT WORTH, TEXAS 76133	50.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-20-14	THOMAS and ADELAIDE LEAVENS 3839 SOUTH HILLS CIRCLE FORT WORTH, TEXAS 76109	50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-20-14	GIBSON D. LEWIS 2300 RACE STREET FORT WORTH, TEXAS 76111	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-20-14	PAUL E. ANDREWS, JR. 700 JENKINS ROAD ALEDO, TEXAS 76008	1,000.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-21-14	ROBERT G. WEST 301 COMMERCE ST. SUITE 3500 FORT WORTH, TEXAS 76102	250.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 10 of 16

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8-21-14	THAD and ELIZABETH BRUNDRETT 3901 W. 4TH STREET FORT WORTH, TEXAS 76107	250.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-21-14	LEE D. ROGERS 201 PECAN STREET FORT WORTH, TEXAS 76102	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-21-14	MARILYN and MICHAEL BERRY 6217 GEWOA ROAD FORT WORTH, TEXAS 76116	500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-22-14	MARTHA V. LEONARD 1411 SHADY OAKS LANE FORT WORTH, TEXAS 76107	250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-22-14	MIKE MONCRIEF (CAMPAIGN) ROSIE 777 TAYLOR STREET, SUITE 1070 FORT WORTH, TEXAS 76102	250.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 11 OF 16

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8-18-14	LINEBARGER, GOGGAN BLAIR & SAMSON LLP. ATTORNEYS AT LAW P.O. BOX 17428 AUSTIN, TEXAS 78760	1,000.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-20-14	COMMITTEE FOR PUBLIC SAFETY FORT WORTH POLICE OFFICERS ASS. PAC 904 COLLIER STREET FORT WORTH, TEXAS 76102	1,000.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-20-14	FORT WORTH FIREFIGHTERS COMMITTEE FOR RESPONSIBLE GOVERNMENT PAC 3855 TULSA WAY FORT WORTH, TEXAS 76107-3345	2,500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-13-14	HAMMER AND NAILS CLUB CANDIDATE 100 E. 15th #600 FORT WORTH, TEXAS 76102	500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-20-14	FRED PARKER 7051 ALLEN PLACE FORT WORTH, TEXAS 76116	100.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 12 OF 16

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8-21-14	REED PIGMAN, JR. 200 TEXAS WAY FORT WORTH, TEXAS 76106	500.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-21-14	VERNON W. and NANCY BRYANT 1712 CARLETON FORT WORTH, TEXAS 76107	250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-22-14	CASH AMERICA INTERNATIONAL MULTI-CANDIDATE POLITICAL ACTION COMM. 1600 W. 7th STREET FORT WORTH, TEXAS 76102	500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-22-14	BNSF RAIL PAC P.O. BOX 961039 FORT WORTH, TEXAS 76161-0039	500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-24-14	CONNIE MEREDITH 6700 AUGUSTA CT. FORT WORTH, TEXAS 76132	250.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 13 OF 16

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8-25-14	STEPHEN R. and DENISE McCUNE 3800 WOSLEY DRIVE FORT WORTH, TEXAS 76133	150.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-25-14	TERRY R. MONTESI 2101 BRADFORD PARK FORT WORTH, TEXAS 76107	250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-25-14	R. DENNY ALEXANDER 2928 ALTON DRIVE FORT WORTH, TEXAS 76109	250.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-26-14	BOBBY JOE TATUM, JR. 3205 MARIE LANE FORT WORTH, TEXAS 76123-2019	50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-26-14	FORT WORTH RETIRED FIREFIGHTERS & WIDOWS COMMITTEE FOR RESPONSIBLE GOVERNMENT 1616 TIERNEY ROAD FORT WORTH, TX 76112	500.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 14 OF 16

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8-26-14	MARTY and LU MOSKOWITZ 7137 WIND CHIME FORT WORTH, TEXAS 76133	50.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-26-14	MICHAEL A. COHEN 4223 ALTA MESA FORT WORTH, TEXAS 76133	500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-26-14	GOOD GOVERNMENT FUND 201 MAIN STREET, SUITE 2500 FORT WORTH, TEXAS 76102	2,500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-26-14	KELLY HART PAC 201 MAIN STREET, SUITE 2500 FORT WORTH, TEXAS 76102	1,000.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-27-14	HOLT and JO HICKMAN 5800 MERRYMOUNT ROAD FORT WORTH, TEXAS 76107	1,000.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 15 OF 16

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8-29-14	MICHAEL BALL 3808 RIVERHILLS VIEW DRIVE FORT WORTH, TEXAS 76109	100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9-1-14	WINSTON and DIXIE SEAMAN 7320 LEMONWOOD LANE FORT WORTH, TEXAS 76133	75.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-31-14	MAC CHURCHILL 611 RIVERCREST DRIVE FORT WORTH, TEXAS 76107	500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9-5-14	LINDA PAULIK 5424 BENBRIDGE DRIVE FORT WORTH, TEXAS 76107	50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8-26-14	TIM and NANCY CARTER 3408 RUSTWOOD CT. FORT WORTH, TEXAS 76109	200.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 16 OF 16

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9-03-14	MICHAEL & BEVERLY REILLY 1017 S. FM ROAD 5 ALEDO, TEXAS 76008	250.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9-18-14	JOHN and KAY MOLYNEAUX 4008 TAMWORTH FORT WORTH, TEXAS 76116	100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-20-14	MICHAEL & MAUREEN HARRIS 1328 S. ADAMS ST. FORT WORTH, TEXAS 76104	50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-13-14	COMMITTEE FOR PUBLIC SAFETY FORT WORTH POLICE OFFICERS ASS PAC 904 COLLIER STREET FORT WORTH, TEXAS 76102	1,500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-15-14	TIM and NANCY CARTER 3408 RUSTWOOD COURT FORT WORTH, TEXAS 76109	200.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 7

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 7.18.14

5 Payee name: CHARLESTON'S RESTAURANT

6 Amount ($): 55.09

7 Payee address; City; State; Zip Code: 3020 SOUTH HULEN FORT WORTH, TEXAS 76109

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): FOOD/BEVERAGE EXPENSE

(b) Description (If travel outside of Texas, complete Schedule T): MEET WITH ADVISORS

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

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Date: 7-21-14

Payee name: CHARLESTON'S RESTAURANT

Amount ($): 52.38

Payee address; City; State; Zip Code: 3020 SOUTH HULEN FORT WORTH, TEXAS 76109

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): FOOD/BEVERAGE EXPENSE

Description (If travel outside of Texas, complete Schedule T): MEET WITH ADVISORS

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

---

Date: 7-23-14

Payee name: TOM HIGGINS RETIREMENT FUND

Amount ($): 500.00

Payee address; City; State; Zip Code: 1000 THROCKMORTON FORT WORTH, TEXAS 76102

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): GIFT/AWARDS/MEMORIALS EXPENSE

Description (If travel outside of Texas, complete Schedule T): RETIREMENT GIFT + PARTY

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

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Date: 7-25-14

Payee name: SIX 10 GRILLE AT THE ASHTON

Amount ($): 46.15

Payee address; City; State; Zip Code: 610 MAIN STREET FORT WORTH, TEXAS 76102

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): FOOD/BEVERAGE EXPENSE

Description (If travel outside of Texas, complete Schedule T): MEET WITH ADVISOR

☐ 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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 7

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 7-29-14

5 Payee name: SIX 10 GRILLE AT THE ASHTON

6 Amount ($): 45.06

7 Payee address; City; State; Zip Code: 610 MAIN STREET FORT WORTH, TEXAS 76102

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): FOOD/BEVERAGE EXPENSE

(b) Description (If travel outside of Texas, complete Schedule T): MEET WITH ADVISOR

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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Date: 8-19-14

Payee name: THE SONS OF THE REPUBLIC OF TEXAS - (USS FORT WORTH BREAKFAST SAILOR OF THE YEAR)

Amount ($): 25.00

Payee address; City; State; Zip Code: SRT 1717 EIGHTH STREET / BAY CITY, TEXAS 77414

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): GIFT/AWARDS/MEMORIALS EXPENSE

Description (If travel outside of Texas, complete Schedule T): SAILOR OF THE YEAR

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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Date: 8-24-14

Payee name: COMBINED ARTS MEDIA

Amount ($): 200.00

Payee address; City; State; Zip Code: P.O. BOX 171623 ARLINGTON, TEXAS 76003-1623

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): ADVERTISING EXPENSE

Description (If travel outside of Texas, complete Schedule T): WEB SITE HOSTING

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

---

Date: 8-24-14

Payee name: LONGHORN COUNCIL BOY SCOUTS OF AMERICA

Amount ($): 250.00

Payee address; City; State; Zip Code: 850 CANNON DRIVE HURST, TEXAS 76054

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): CONTRIBUTIONS / DONATIONS

Description (If travel outside of Texas, complete Schedule T): CONTRIBUTION TO NON PROFIT

☐ Check if Austin, TX, officeholder living expense BOY SCOUTS

Complete ONLY 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

520.06

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 7

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 8-24-14

5 Payee name: THE BREAKFAST CLUB of FORT WORTH

6 Amount ($): 194.00

7 Payee address; City; State; Zip Code: 333 THROCKMORTON ST. #808 FORT WORTH, TEXAS 76102

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): OTHER

(b) Description (If travel outside of Texas, complete Schedule T): DUES 2ND and 3d QUARTER

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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Date: 8-30-14

Payee name: THE DONUT PALACE

Amount ($): 24.50

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 (If travel outside of Texas, complete Schedule T): DISTRICT LEADERS MEETING

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

---

Date: 8-30-14

Payee name: STARBUCKS

Amount ($): 48.55

Payee address; City; State; Zip Code: 5000 TRAIL LAKE DRIVE FORT WORTH, TEXAS 76133

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): FOOD/BEVERAGE EXPENSE

Description (If travel outside of Texas, complete Schedule T): DISTRICT LEADERS MEETING

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

---

Date: 8-30-14

Payee name: ALBERTSON's

Amount ($): 41.89

Payee address; City; State; Zip Code: 228 E. SPRING ST. WEATHERFORD, TEXAS 76086

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): FOOD/BEVERAGE EXPENSE

Description (If travel outside of Texas, complete Schedule T): DISTRICT LEADERS MEETING

☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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

308.94

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 of 7

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 9-22-14

5 Payee name: THE EPPSTEIN GROUP

6 Amount ($): 2104.22

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 + MATERIAL EXPENSE

(b) Description (If travel outside of Texas, complete Schedule T): MAIL + PRINT INVITATIONS

☐ 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: 9-22-14

Payee name: THE EPPSTEIN GROUP

Amount ($): 2233.89

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): EVENT EXPENSE FOOD / BEVERAGE EXPENSE

Description (If travel outside of Texas, complete Schedule T): FUND RAISING EVENT

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

Date: 9-23-14

Payee name: FRIENDS OF SENATOR JANE NELSON

Amount ($): 250.00

Payee address; City; State; Zip Code: P.O. BOX 608 GRAPEVINE, TEXAS

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): CONTRIBUTIONS / DONATIONS

Description (If travel outside of Texas, complete Schedule T): CONTRIBUTION

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: SENATOR JANE NELSON — Office sought: TX SENATE — Office held: TX SENATE

Date: 9-23-14

Payee name: TEXANS FOR GREG ABBOTT

Amount ($): 250.00

Payee address; City; State; Zip Code: P.O. BOX 308 AUSTIN, TEXAS 78767

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): CONTRIBUTIONS / DONATIONS

Description (If travel outside of Texas, complete Schedule T): POLITICAL CONTRIBUTION

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: GREG ABBOTT — Office sought: FOR GOVERNOR — Office held: ATT. GENERAL

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5 of 7

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 9-25-14

5 Payee name: CHARLESTON'S RESTAURANT

6 Amount ($): 34.77

7 Payee address; City; State; Zip Code: 3020 S. HULEN FORT WORTH, TEXAS 76109

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): FOOD/BEVERAGE EXPENSE

(b) Description (If travel outside of Texas, complete Schedule T): MEET WITH ADVISOR

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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Date: 10-20-14

Payee name: TEXAS ASSOCIATION OF BLACK CITY COUNCIL MEMBERS

Amount ($): 250.00 XX

Payee address; City; State; Zip Code: 5132 SHARP STREET DALLAS, TEXAS 75247

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): CONTRIBUTION/DONATION

Description (If travel outside of Texas, complete Schedule T): TABCCM ANNUAL "T. J. PATTERSON, SR Scholarship

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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Date: 11/18/14

Payee name: CHARLESTON'S RESTAURANT

Amount ($): 55.05

Payee address; City; State; Zip Code: 3020 SOUTH HULEN FORT WORTH, TEXAS 76109

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): FOOD/BEVERAGE EXPENSE

Description (If travel outside of Texas, complete Schedule T): MEET WITH ADVISORS

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

---

Date: 12-1-14

Payee name: AEROSPACE OPTIMIST CLUB

Amount ($): 110.00

Payee address; City; State; Zip Code: P.O. BOX 33435 FORT WORTH, TEXAS 76162

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): OTHER

Description (If travel outside of Texas, complete Schedule T): MEMBERSHIP DUES

☐ Check if Austin, TX, officeholder living expense

Complete ONLY 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

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6 of 7

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 12-1-14

5 Payee name: TEXAS ASSOCIATION OF BLACK CITY COUNCIL MEMBERS

6 Amount ($): 50.00

7 Payee address; City; State; Zip Code: 1821 RUTHERFORD LANE, SUITE 400 AUSTIN, TEXAS 78754

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): OTHER

(b) Description (If travel outside of Texas, complete Schedule T): MEMBERSHIP DUES

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

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Date: 12-9-14

Payee name: THE BREAKFAST CLUB OF FORT WORTH

Amount ($): 97.00

Payee address; City; State; Zip Code: 333 THROCKMORTON ST. #808 FORT WORTH, TEXAS 76102

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): OTHER

Description (If travel outside of Texas, complete Schedule T): MEMBERSHIP DUES

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

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Date: 12-9-14

Payee name: BANK OF TEXAS

Amount ($): 53.90

Payee address; City; State; Zip Code: P.O. BOX 29775 DALLAS, TEXAS 75229-0775

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Accounting / BANKING

Description (If travel outside of Texas, complete Schedule T): PRINT CHECK ORDER

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

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Date: 12-9-14

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 (If travel outside of Texas, complete Schedule T): MEMBERSHIP DUES

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

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500.90

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7 of 7

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 12/13/14

5 Payee name: DALE'S DONUTS

6 Amount ($): 36.90

7 Payee address; City; State; Zip Code: 5515 S. HULEN ST FORT WORTH, TEXAS 76132

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): FOOD/BEVERAGE EXPENSE

(b) Description (If travel outside of Texas, complete Schedule T): DISTRICT LEADERS MEETING

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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Date: 12/13/4

Payee name: BROOKSHIRE'S

Amount ($): 36.61

Payee address; City; State; Zip Code: 601 W PALO PINTO WEATHERFORD, TEXAS

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): FOOD / BEVERAGE EXPENSE

Description (If travel outside of Texas, complete Schedule T): DISTRICT LEADERS MEETING

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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Date | Payee name

Amount ($) | Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)

Description (If travel outside of Texas, complete Schedule T)

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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Date | Payee name

Amount ($) | Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)

Description (If travel outside of Texas, complete Schedule T)

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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7 OF 7