

OFFICIAL RECORD

CITY SECRETARY  
FT. WORTH, TX

FORM C/OH  
COVER SHEET PG 1

CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

15

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX,	APT / SUITE #,	CITY,	STATE,	ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	RECEIVED	
	NICKNAME	LAST	SUFFIX	APR - 2 2021	
				CITY OF FORT WORTH	
				CITY SECRETARY	
				Handwritten: PM 1 2 3 4 5 6 7 8 9 10 11 12 PM	
				Date Processed	
				Date Imaged	

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE),	APT / SUITE #,	CITY,	STATE,	ZIP CODE
	905 S Jennings Fort Worth, TX 76104				

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(870)	624	2041		

9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input checked="" type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	02	04	2021		04	02	2021

11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	05 / 01 / 21	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	

12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	N/A	City Council District 9

14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 50
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1020
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 259.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 755.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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.

*Jordan Mims*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Jordan Mims, and my date of birth is 7/12/95  
 My address is 905 S Jennings Ave, Fort Worth, TX, 76104, USA  
(street) (city) (state) (zip code) (country)  
 Executed in Tarrant County, State of TX, on the April day of 2021  
(month) (year)  
*Jordan Mims*  
 Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

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

19 FILER NAME <i>Jordan Mims</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 970
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 50
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	\$ 259.80
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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Jordan Mims</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/26/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cody Jackson</b>	7 Amount of contribution (\$) <b>\$5.00</b>
6 Contributor address; City; State; Zip Code <b>905 S. Jennings Fort Worth, TX 76104</b>		
8 Principal occupation / Job title (See Instructions) <b>Educator and Writer</b>		9 Employer (See Instructions) <b>TCU</b>
Date <b>2/26/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rosemary Inum</b>	Amount of contribution (\$) <b>\$ 10.00</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/1/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Adam Hubrig</b>	Amount of contribution (\$) <b>\$ 20.00</b>
Contributor address; City; State; Zip Code <b>Tx</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/1/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michelle Carstaphen</b>	Amount of contribution (\$) <b>\$ 10.00</b>
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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Jordan Mims</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/8/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Louise Torres</b>	7 Amount of contribution (\$) <b>\$ 20.00</b>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/9/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shunale Oliver</b>	Amount of contribution (\$) <b>\$ 20.00</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/9/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Austin Flores</b>	Amount of contribution (\$) <b>\$ 10.00</b>
Contributor address; City; State; Zip Code <b>Fort Worth, TX</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brian J. McShane</b>	Amount of contribution (\$) <b>\$ 10.00</b>
Contributor address; City; State; Zip Code <b>Fort Worth, TX</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jordan Mims</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/11/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVID KIRBY</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>1610 Lipscomb St Fort Worth TX 76104</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/12/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CYNTHIA BOON</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>120 St Louis Ave Fort Worth TX 76104</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/15/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MADISON CLARK</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/15/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Safyre Falkenberg</i>	Amount of contribution (\$) <i>\$10.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jordan Mmmr</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/17/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rachel Gollay</i>	7 Amount of contribution (\$) <i>\$ 50.00</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <i>3/18/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sara Baugh</i>	Amount of contribution (\$) <i>\$ 10.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See instructions) <i>Instructor</i>		Employer (See instructions)
Date <i>3/21/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Wilson</i>	Amount of contribution (\$) <i>\$ 5.00</i>
Contributor address; City; State; Zip Code <i>Denton, TX</i>		
Principal occupation / Job title (See instructions) <i>Instructor</i>		Employer (See instructions) <i>TWU</i>
Date <i>3/22/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Louise Torres</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See instructions)		Employer (See instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Jordan Mimir		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mackenzie Russell	7 Amount of contribution (\$) \$ 20.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/23/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRANDON FITZPATRICK	Amount of contribution (\$) \$ 20.00
Contributor address; City; State; Zip Code TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BONNIE BLACKWELL	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code Fort Worth TX		
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) TCU
Date 3/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NICO S. AMIAS	Amount of contribution (\$) \$ 20.00
Contributor address; City; State; Zip Code TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Jordan Mims</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/25/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christian Morrow</i>	7 Amount of contribution (\$) <i>\$ 50.00</i>
6 Contributor address; City; State; Zip Code <i>FORT WORTH TX</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/25/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Efrain Collazo</i>	Amount of contribution (\$) <i>\$ 5.00</i>
Contributor address; City; State; Zip Code <i>Fort Worth, TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <del>3/25/21</del> <i>3/26/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Austin Flores</i>	Amount of contribution (\$) <i>\$ 20.00</i>
Contributor address; City; State; Zip Code <i>Fort Worth TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/27/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adrienne JOHNSON</i>	Amount of contribution (\$) <i>\$ 20.00</i>
Contributor address; City; State; Zip Code <i>FORT WORTH TX 76104</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME *Jordan Mims* 3 Filer ID (Ethics Commission Filers)

4 Date <i>3/27/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>IRIS GARCIA</i>	7 Amount of contribution (\$) <i>\$ 10.00</i>
6 Contributor address; City; State; Zip Code <i>Fort Worth, TX</i>		

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

Date <i>3/28/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Parker Anderson</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Contributor address; City; State; Zip Code <i>Fort Worth TX</i>		

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

Date <i>3/29/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mitchell Swain</i>	Amount of contribution (\$) <i>\$ 20.00</i>
Contributor address; City; State; Zip Code		

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

Date <i>3/30/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Willson</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>3400 Covert Ave Fort Worth TX 76133</i>		

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

2 FILER NAME **Jordan Mims**

4 Date **3/30/21** 5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_) **MICAH JADE STANBAUM** 7 Amount of contribution (\$) **\$ 35.00**  
 6 Contributor address; City; State; Zip Code **FORT WORTH TX**

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

Date **3/30/21** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_) **Elizabeth Maldonado** Amount of contribution (\$) **\$ 20.00**  
 Contributor address; City; State; Zip Code

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

Date **4/1/21** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_) **Sara Farley** Amount of contribution (\$) **\$ 50.00**  
 Contributor address; City; State; Zip Code

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

Date \_\_\_\_\_ Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_) \_\_\_\_\_ Amount of contribution (\$) \_\_\_\_\_  
 Contributor address; City; State; Zip Code

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

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Jordan Mims</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>50.00</i>	
5 Date <i>3/24/21</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Cody Jackson</i>	8 Amount of Contribution \$ <i>50.00</i>	9 In-kind contribution description <i>Stamps</i>
7 Contributor address; City; State; Zip Code <i>905 S Jennings Fort Worth TX 76104</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Researcher</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>TRU</i>	
12 Contributor's principal occupation (FOR JUDICIAL) <i>N/A</i>		13 Contributor's job title (FOR JUDICIAL)(See Instructions) <i>N/A</i>	
14 Contributor's employer/law firm (FOR JUDICIAL) <i>N/A</i>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <i>N/A</i>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <i>N/A</i>			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

**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 Expenses
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 FILER NAME <i>Jordan Mims</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/31/21</i>	5 Payee name <i>Victory Store</i>
--------------------------	--------------------------------------

6 Amount (\$) <i>\$64.75</i>	7 Payee address; City: State: Zip Code <i>5200 30th St Davenport Iowa 52802</i>
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>signage/printing</i>	(b) Description <i>signs/stakes</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Jordan Mims</i>	Office sought <i>CA</i>	Office held <i>CA</i>
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Date <i>3/30/21</i>	Payee name <i>@ Cody Jackson</i>
------------------------	-------------------------------------

Amount (\$) <i>\$108.00</i>	Payee address; City: State: Zip Code <i>905 S Jennings Ave Fort Worth TX 76104</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising and Stamps</i>	Description <i>Stamps</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/30/21</i>	Payee name <i>Got Print</i>
------------------------	--------------------------------

Amount (\$) <i>34.55</i>	Payee address; City: State: Zip Code <i>1001 S Nolan Dr. Grapevine TX 76051</i>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Postcards</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Facilities                    | 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 FILER NAME <i>Jordan Mims</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/26/21</i>	5 Payee name <i>Victory Store</i>
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6 Amount (\$) <i>\$52.50</i>	7 Payee address; City; State; Zip Code <i>5200 30th St Davenport Iowa 52802</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Ad Expenses</i>	(b) Description <i>Signage</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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**