

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>  17
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <b>Mr.</b> FIRST: <b>Deverick</b> MI: <b>P.</b> NICKNAME:      LAST:      SUFFIX:	<b>OFFICE USE ONLY</b>	
	<b>Jordan</b>	Date Received: <b>APR 10 2014</b> <b>10:00 AM</b> <i>AR</i>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <b>1713 Foxchase Lane Grapevine, Tx 76051</b>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <b>(972)</b> PHONE NUMBER: <b>458-0001</b> EXTENSION: <b>5777</b>	Date Hand-delivered or Postmarked:	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <b>Ms.</b> FIRST: <b>Shelley</b> MI: NICKNAME:      LAST:      SUFFIX:	Receipt #      Amount	
<b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <b>2010 ValleyView Ln. Ste 200, Dallas, Tx 75234</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <b>(972)</b> PHONE NUMBER: <b>458-0001</b> EXTENSION: <b>5772</b>		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month    Day    Year      THROUGH      Month    Day    Year <b>2 / 07 / 2014      4 / 10 / 2014</b>		
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year <b>5 / 10 / 2014</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <b>Grapevine City Council,</b> <b>Place 6</b>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Deverick P. Jordan

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

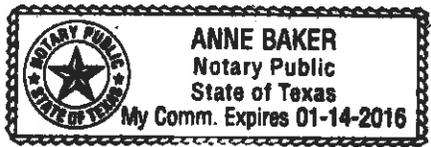
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	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	\$ —
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,806.00
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
4. TOTAL POLITICAL EXPENDITURES	\$ 3,964.15
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 56,462.57
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 49,939.00

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.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DEVERICK JORDAN, this the 10th day of APRIL, 20 14, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

ANNE BAKER  
Printed name of officer administering oath

NOTARY PUBLIC  
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: <b>1 of 6</b>	
2 FILER NAME <b>Deverick P. Jordan</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3-25-14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>William C. Fishel</b>	7 Amount of contribution (\$) <b>\$50.00</b>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <b>2323 Victory Avenue, Suite 1200 Dallas, TX 75219</b>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Investment Banker</b>		10 Employer (See Instructions) <b>HFF, LP.</b>	
Date <b>3-25-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Wayne L. Tucker</b>	Amount of contribution (\$) <b>\$25.00</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>4202 Southcrest Dallas, TX 75229</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Bank Executive</b>		Employer (See Instructions) <b>The F+M Bank and Trust</b>	
Date <b>3-25-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Tim Gillean</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>3405 Rambling Way Plano, TX 75093</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Real Estate</b>		Employer (See Instructions) <b>Cross Equities</b>	
Date <b>3-25-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>James C. Merrill</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>8700 Blacktail Trail McKinney, TX 75070</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Chief Appraiser</b>		Employer (See Instructions) <b>ViewPoint Bank</b>	
Date <b>3-25-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>David Lawrence Pallante</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>16735 Township Meadows Ct. Houston, TX 77095</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Real Estate Appraiser</b>		Employer (See Instructions) <b>David L. Pallante and Assoc., LLC</b>	
<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 CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **2 of 6**

2 FILER NAME  
**Deverick P. Jordan**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**3-25-14**

5 Full name of contributor  out-of-state PAC (ID#:  
**Alex Michael Simon**

7 Amount of contribution (\$) **\$50.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**12508 Autumn Leaves Trail  
Ft. Worth, Tx 76244**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
**Real Estate Appraiser**

10 Employer (See Instructions)  
**Deverick and Associates, Inc.**

Date  
**3-25-14**

Full name of contributor  out-of-state PAC (ID#:  
**Charles Keeter**

Amount of contribution (\$) **\$150.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**502 Lorraine Drive  
South lake, TX 76092**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**Builder**

Employer (See Instructions)  
**Self-employed**

Date  
**3-26-14**

Full name of contributor  out-of-state PAC (ID#:  
**David Anthony Stein**

Amount of contribution (\$) **\$150.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**5012 Rollingwood Drive  
Austin, TX 78746**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**Commercial Real Estate**

Employer (See Instructions)  
**CBRE**

Date  
**3-26-14**

Full name of contributor  out-of-state PAC (ID#:  
**Jason Post**

Amount of contribution (\$) **\$5,000.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**8149 Santa Monica Blvd, PMB 278  
Los Angeles, CA 90046**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**Real Estate**

Employer (See Instructions)  
**Post Investment Group**

Date  
**3-26-14**

Full name of contributor  out-of-state PAC (ID#:  
**Ilan Itzhakov**

Amount of contribution (\$) **\$50.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**5319 Channelbrook  
Dallas, TX 75287**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**Sales**

Employer (See Instructions)  
**RDI Trading**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional 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: <b>3 of 6</b>	
2 FILER NAME <b>Deverick P. Jordan</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3-26-14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Eli Shrem</b>	7 Amount of contribution (\$) <b>\$50.00</b>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <b>4223 West Creek Dallas, Tx 75287</b>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>CEO</b>		10 Employer (See Instructions) <b>RDI Trading</b>	
Date <b>3-26-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Roberto Pina</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>3226 Potomac Drive Garland, Tx 75042</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		Employer (See Instructions) <b>EC Cleaning S.</b>	
Date <b>3-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Drew and Sophie Diaz</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>1406 Cutter Ridge Ct. Colleyville, Tx 76034</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Realtor</b>		Employer (See Instructions) <b>Self</b>	
Date <b>3-27-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Troy Schaap</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>809 North 7th Street Longview, Tx 75601</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Investment Advisor</b>		Employer (See Instructions) <b>RBC Wealth Management</b>	
Date <b>3-28-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jayson Donaldson</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <b>1727 Willard Street NW Washington, DC 20009</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Commercial Mortgage Lender</b>		Employer (See Instructions) <b>AmeriSphere</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>4 of 6</b>	
2 FILER NAME <b>Deverick P. Jordan</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3-28-14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alexander Hatcher</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1317 Briar Ridge Dr. Keller, Tx 76248</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Physician</b>		10 Employer (See Instructions) <b>Emcare, Inc.</b>	
Date <b>3-31-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Danny Bryant Forsnce</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>9550 Savannah Ridge Dr. #3 Austin, Tx 78726</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Pastor</b>		Employer (See Instructions) <b>Great Hills Baptist Church</b>	
Date <b>3-31-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeff Duke</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3401 Mount Vernon Way Plano, Tx 75025</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Real Estate</b>		Employer (See Instructions) <b>Berkadia</b>	
Date <b>4-1-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brady Meyer</b>	Amount of contribution (\$) <b>\$20.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3110 Ross Ave, #6 Dallas, Tx 75204</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Real Estate</b>		Employer (See Instructions) <b>Berkadia</b>	
Date <b>4-1-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Brownlee</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>515 Bastrop Rd. Lucas, Tx 75002</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Senior Managing Director</b>		Employer (See Instructions) <b>Hff. LP</b>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional 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: <b>5 of 6</b>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Clayton Reed</b>	7 Amount of contribution (\$) <b>\$250.00</b>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <b>905 Quail Creek Ct. Southlake, Tx 76092</b>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Pastor</b>		10 Employer (See Instructions) <b>Southlake Baptist</b>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John D. Jordan</b>	Amount of contribution (\$) <b>\$1,000.00</b>	In-kind contribution description (if applicable)
<b>4-3-14</b>	Contributor address; City; State; Zip Code <b>53 Piazza Colleyville, Tx 76034</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Commercial Real Estate</b>		Employer (See Instructions) <b>Deverick + Associates, Inc.</b>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David C. Clifton</b>	Amount of contribution (\$) <b>\$21.00</b>	In-kind contribution description (if applicable)
<b>4-3-14</b>	Contributor address; City; State; Zip Code <b>2703 London Ct. Euless, Tx 76039</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Real Estate Appraiser</b>		Employer (See Instructions) <b>Deverick + Associates, Inc.</b>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Travis Hall</b>	Amount of contribution (\$) <b>\$20.00</b>	In-kind contribution description (if applicable)
<b>4-3-14</b>	Contributor address; City; State; Zip Code <b>5301 Alpha Rd #334 Dallas, Tx 75240</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Real Estate Appraiser</b>		Employer (See Instructions) <b>Deverick and Associates, Inc.</b>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Casey Whitmer</b>	Amount of contribution (\$) <b>\$20.00</b>	In-kind contribution description (if applicable)
<b>4-3-14</b>	Contributor address; City; State; Zip Code <b>12223 Sunland Street Dallas, Tx 75218</b>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Real Estate Appraiser</b>		Employer (See Instructions) <b>Deverick and Associates, Inc.</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional 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: <b>6 of 6</b>	
2 FILER NAME <b>Devenick P. Jordan</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4-6-14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Julie McCarty</b>	7 Amount of contribution (\$) <b>\$50.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>703 Peach Ct. Grapevine, Tx 76051</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4-8-14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joseph Hevey</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>10584 High Hollows Dr #227 Dallas, Tx 75230</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Mortgage Banker</b>		Employer (See Instructions) <b>Berkadia</b>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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 for additional reporting requirements.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>Deverick P. Jordan</b>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		<b>\$ 50,000</b>
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) <b>\$50,000.00</b>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code	10 Interest rate <b>—</b>
		11 Maturity date <b>7-1-2014</b>
12 Principal occupation / Job title (See Instructions) <b>Managing Director</b>		13 Employer (See Instructions) <b>Deverick and Associates, Inc.</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution?  Y    N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional 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 Expenses | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| 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: <b>1 of 7</b>	2 FILER NAME <b>Deverick P. Jordan</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>4-9-14</b>	5 Payee name <b>Deverick P. Jordan</b>
-------------------------	---

6 Amount (\$) <b>\$ 61.00</b>	7 Payee address; City; State; Zip Code <b>1713 Foxchase Grapevine, Tx 76051</b>
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Loan Repayment</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Loan Repayment</b>
--------------------------	---	--

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

Date <b>3-31-14</b>	Payee name <b>Piryx, Inc</b>
------------------------	---------------------------------

Amount (\$) <b>\$ 14.38</b>	Payee address; City; State; Zip Code <b>1442nd Street, 1st floor San Francisco, CA 94105</b>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description (If travel outside of Texas, complete Schedule T) <b>transaction fee</b>
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4-6-14</b>	Payee name <b>Piryx, Inc</b>
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Amount (\$) <b>\$ 2.88</b>	Payee address; City; State; Zip Code <b>1442nd Street, 1st floor San Francisco, CA 94105</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description (If travel outside of Texas, complete Schedule T) <b>transaction fee</b>
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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 <b>4-8-14</b>	Payee name <b>Piryx, Inc.</b>
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Amount (\$) <b>\$ 5.75</b>	Payee address; City; State; Zip Code <b>1442nd Street, 1st floor San Francisco, CA 94105</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description (If travel outside of Texas, complete Schedule T) <b>transaction fee</b>
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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

# 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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| 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: <b>2 of 7</b>	2 FILER NAME: <b>Devenck P. Jordan</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date: <b>3-26-14</b>	5 Payee name: <b>Piryx, Inc.</b>
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6 Amount (\$): <b>\$5.75</b>	7 Payee address; City; State; Zip Code: <b>144 2nd Street, 1st floor San Francisco, CA 94105</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): <b>fees</b>	(b) Description (If travel outside of Texas, complete Schedule T): <b>transaction fee</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: <b>3-26-14</b>	Payee name: <b>Piryx, Inc.</b>
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Amount (\$): <b>\$5.75</b>	Payee address; City; State; Zip Code: <b>144 2nd Street, 1st floor San Francisco, CA 94105</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <b>fees</b>	Description (If travel outside of Texas, complete Schedule T): <b>transaction fee</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: <b>3-27-14</b>	Payee name: <b>Piryx, Inc.</b>
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Amount (\$): <b>\$1.15</b>	Payee address; City; State; Zip Code: <b>144 2nd Street, 1st floor San Francisco, CA 94105</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <b>fees</b>	Description (If travel outside of Texas, complete Schedule T): <b>transaction fee</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: <b>3-28-14</b>	Payee name: <b>Piryx, Inc.</b>
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Amount (\$): <b>\$28.75</b>	Payee address; City; State; Zip Code: <b>144 2nd Street, 1st floor San Francisco, CA 94105</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <b>fees</b>	Description (If travel outside of Texas, complete Schedule T): <b>transaction fee</b>
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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

# 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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| 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: <b>3 of 7</b>	2 FILER NAME <b>Deverick P. Jordan</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>3-24-14</b>	5 Payee name <b>Pinky, Inc.</b>
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6 Amount (\$) <b>\$14.38</b>	7 Payee address; City; State; Zip Code <b>144 2nd Street, 1st floor San Francisco, CA 94105</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Fees</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>transaction fee</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3-24-14</b>	Payee name <b>Pinky, Inc.</b>
------------------------	----------------------------------

Amount (\$) <b>\$5.75</b>	Payee address; City; State; Zip Code <b>144 2nd Street, 1st floor San Francisco, CA 94105</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>fees</b>	Description (If travel outside of Texas, complete Schedule T) <b>transaction fee</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3-25-14</b>	Payee name <b>Pinky, Inc.</b>
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Amount (\$) <b>\$14.38</b>	Payee address; City; State; Zip Code <b>144 2nd Street, 1st floor San Francisco, CA 94105</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>fees</b>	Description (If travel outside of Texas, complete Schedule T) <b>transaction fee</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3-25-14</b>	Payee name <b>Pinky, Inc.</b>
------------------------	----------------------------------

Amount (\$) <b>\$5.75</b>	Payee address; City; State; Zip Code <b>144 2nd Street, 1st floor San Francisco, CA 94105</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>fees</b>	Description (If travel outside of Texas, complete Schedule T) <b>transaction fee</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 4 of 7	<b>2</b> FILER NAME Deverick P. Jordan	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 3-21-14	<b>5</b> Payee name Pinky, Inc	
<b>6</b> Amount (\$) \$287.50	<b>7</b> Payee address; City; State; Zip Code 144 2nd Street, 1st floor San Francisco, CA 94105	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) fees	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) transaction fee
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

<b>Date</b> 3-21-14	<b>Payee name</b> Pinky, Inc	
<b>Amount (\$)</b> \$2.88	<b>Payee address; City; State; Zip Code</b> 144 2nd Street, 1st floor San Francisco, CA 94105	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) fees	<b>Description</b> (If travel outside of Texas, complete Schedule T) transaction fee
	<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office sought Office held

<b>Date</b> 3-22-14	<b>Payee name</b> Pinky, Inc	
<b>Amount (\$)</b> \$2.88	<b>Payee address; City; State; Zip Code</b> 144 2nd Street, 1st floor San Francisco, CA 94105	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) fees	<b>Description</b> (If travel outside of Texas, complete Schedule T) transaction fee
	<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office sought Office held

<b>Date</b> 3-23-14	<b>Payee name</b> Pinky, Inc	
<b>Amount (\$)</b> \$5.75	<b>Payee address; City; State; Zip Code</b> 144 2nd Street, 1st floor San Francisco, CA 94105	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) fees	<b>Description</b> (If travel outside of Texas, complete Schedule T) transaction fee
	<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office sought Office held

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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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 5 of 7	<b>2</b> FILER NAME Deverick P. Jordan	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 3-20-14	<b>5</b> Payee name Pinyx, Inc.
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<b>6</b> Amount (\$) \$5.75	<b>7</b> Payee address; City; State; Zip Code 144 2nd Street, 1st floor San Francisco, CA 94105
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Fees	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) transaction fee
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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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<b>Date</b> 3-20-14	<b>Payee name</b> Pinyx, Inc.
------------------------	----------------------------------

<b>Amount (\$)</b> \$2.88	<b>Payee address; City; State; Zip Code</b> 144 2nd Street, 1st floor San Francisco, CA 94105
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) fees	<b>Description</b> (If travel outside of Texas, complete Schedule T) transaction fee
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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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<b>Date</b> 3-20-14	<b>Payee name</b> Pinyx, Inc.
------------------------	----------------------------------

<b>Amount (\$)</b> \$8.63	<b>Payee address; City; State; Zip Code</b> 144 2nd Street, 1st floor San Francisco, CA 94105
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) fees	<b>Description</b> (If travel outside of Texas, complete Schedule T) transaction fee
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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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<b>Date</b> 3-21-14	<b>Payee name</b> Pinyx, Inc.
------------------------	----------------------------------

<b>Amount (\$)</b> \$8.63	<b>Payee address; City; State; Zip Code</b> 144 2nd Street, 1st floor San Francisco, CA 94105
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) fees	<b>Description</b> (If travel outside of Texas, complete Schedule T) transaction fee
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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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**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            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| 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: <b>6 of 7</b>	2 FILER NAME <b>Deverick P. Jordan</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>3-20-14</b>	5 Payee name <b>Piryx, Inc.</b>
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6 Amount (\$) <b>\$2.88</b>	7 Payee address; City; State; Zip Code <b>144 2nd Street, 1st floor San Francisco, CA 94105</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Fees,</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>transaction fee</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3-20-14</b>	Payee name <b>Piryx, Inc.</b>
------------------------	----------------------------------

Amount (\$) <b>\$1.44</b>	Payee address; City; State; Zip Code <b>144 2nd Street, 1st floor San Francisco, CA 94105</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description (If travel outside of Texas, complete Schedule T) <b>transaction fee</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3-20-14</b>	Payee name <b>Piryx, Inc.</b>
------------------------	----------------------------------

Amount (\$) <b>\$5.75</b>	Payee address; City; State; Zip Code <b>144 2nd Street, 1st floor San Francisco, CA 94105</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description (If travel outside of Texas, complete Schedule T) <b>transaction fee</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3-20-14</b>	Payee name <b>Piryx, Inc.</b>
------------------------	----------------------------------

Amount (\$) <b>\$5.75</b>	Payee address; City; State; Zip Code <b>144 2nd Street, 1st floor San Francisco, CA 94105</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description (If travel outside of Texas, complete Schedule T) <b>transaction fee</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
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 Deverick P. Jordan		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-11-14		5 Payee name Quo Vadimus			
6 Amount (\$) \$ 38.99		7 Payee address; City; State; Zip Code 1201 N. Mac Arthur Blvd., Ste 152 Oklahoma City, OK 73162			
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) Website hosting	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-13-14		Payee name John W. Phillips			
Amount (\$) \$ 400.00		Payee address; City; State; Zip Code 2205 S. 43rd Street Springdale, AR 72762			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other		Description (If travel outside of Texas, complete Schedule T) Website design	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-1-14		Payee name Classic Graphics			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 3021 Ramona Drive Ft. Worth, TX 76116			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-2-14		Payee name Classic Graphics			
Amount (\$) \$ 398.05		Payee address; City; State; Zip Code 3021 Ramona Dr. Ft. Worth, TX 76116			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>1</b>	<b>2</b> FILER NAME <b>Deverick Jordan</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>3-21-14</b>	<b>5</b> Payee name <b>Discount Mugs</b>	
<b>6</b> Amount (\$) <b>\$663.32</b> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>12610 NW 115th Avenue Medley FL 33178</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See categories listed at the top of this schedule) <b>Printing Expense</b>	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <b>T-Shirts</b>
<b>Date</b> <b>3-31-14</b>	<b>Payee name</b> <b>Community Impact Newspaper</b>	
<b>Amount (\$)</b> <b>\$770.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> <b>1452 Hughes Road, Ste 323 Grapevine, Tx 76051</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <b>Newspaper Ad</b>
<b>Date</b> <b>4-5-14</b>	<b>Payee name</b> <b>Home Depot</b>	
<b>Amount (\$)</b> <b>\$137.60</b> <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> <b>300 S. Village Center Drive Southlake, Tx 76092</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <b>other / advertising</b>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <b>supplies for signs</b>
<b>Date</b> <b>4-7-14</b>	<b>Payee name</b> <b>Home Depot</b>	
<b>Amount (\$)</b> <b>\$49.80</b> <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> <b>300 S. Village Center Drive Southlake, Tx 76092</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) <b>other / advertising</b>	<b>Description</b> (If travel outside of Texas, complete Schedule T) <b>supplies for signs</b>

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