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JUL 15 2024

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

 City Secretary's Office **FORM C/OH**  
 City of Grand Prairie **COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filer)	2 Total pages filed:		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <i>MS</i> FIRST <i>Jordan</i> MI <i>A</i> NICKNAME LAST SUFFIX <i>CAACR</i>		<b>OFFICE USE ONLY</b> Date Received <i>07/15/2024</i> <i>M. Turner</i>		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <i>Grand Prairie, TX 75052</i>		Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION [REDACTED]				
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <i>MS</i> FIRST <i>Jasmine</i> MI <i>A</i> NICKNAME LAST SUFFIX <i>CAACR</i>				
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE _____				
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION _____				
<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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)				
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year <i>04 24 2024</i> <i>05 / 04 2024</i> <i>4</i>				
<b>11 ELECTION</b>	ELECTION DATE    ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <i>05 / 04 / 2024</i> <input type="checkbox"/> General <input type="checkbox"/> Special				
<b>12 OFFICE</b>	OFFICE HELD (if any) <i>N/A</i>		<b>13 OFFICE SOUGHT (if known)</b> <i>Grand Prairie City Council Place 8</i>		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> <input type="checkbox"/> Additional Pages	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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">           COMMITTEE TYPE   <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC         </td> <td style="padding: 5px;">           COMMITTEE NAME             COMMITTEE ADDRESS             COMMITTEE CAMPAIGN TREASURER NAME  <i>N/A</i>            COMMITTEE CAMPAIGN TREASURER ADDRESS         </td> </tr> </table>			COMMITTEE TYPE  <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME <i>N/A</i> COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE  <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME <i>N/A</i> COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

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**SUBTOTALS - C/OH**

JUL 15 2024

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

19 FILER NAME

JORDAN A. CARTER

City Secretary's Office

City of Grand Prairie

20 Filer ID (Ethics Commission Filers)

21. SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 1925.00

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☐ SCHEDULE E: LOANS

\$

5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 469.92

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$

10. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

\$

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**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

JUL 15 2024

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

15 C/OH NAME

City Secretary's Office  
City of Grand Prairie (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 409.92

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 1925.00

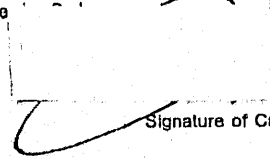
OUTSTANDING  
LOAN TOTALS

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, Ele



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 A. GARRIER, and my date of birth is [REDACTED]

My address is [REDACTED], Grand Prairie, TX 75052, Dallas

(street)

(city)

(state)

(zip code)

(country)

Executed in Dallas County, State of Texas, on the 15 day of July, 20 2024

Signature of Candidate/Officeholder (Declarant)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

JUL 15 2024

SCHEDULE F1

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

City Secretary's Office

City of Grand Prairie

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>JORDAN A. CAPTOR</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>5/4/24</b>		5 Payee name <b>Kidz'n Crab</b>			
6 Amount (\$) <b>194.00</b>		7 Payee address; City; State; Zip Code <b>2609 W Pioneer Pkwy Grand Prairie, Texas</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event expenses</b>		(b) Description <b>Campaign ending event</b>		
	(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					
Date <b>5/1/24</b>		Payee name <b>OFFICE DEPOT / MAX</b>			
Amount (\$) <b>345.82</b>		Payee address; City; State; Zip Code <b>4619 Cooper Street Arlington, TX</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printed signs</b>		Description <b>printing expense</b>		
	<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					
Date <b>4/26/2024</b>		Payee name <b>OFFICE DEPOT # 33</b>			
Amount (\$) <b>\$127.97</b>		Payee address; City; State; Zip Code <b>436 Lincoln Square Arlington, TX</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>printing expenses</b>		Description <b>political signs and flyers</b>		
	<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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					



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JUL 15 2024

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

City Secretary's Office  
City of Grand Prairie

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solidation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>Jordan A. Carter</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>Apr 125, 2024</b>	5 Payee name <b>Office Dept #29</b>
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6 Amount (\$) <b>137.97</b>	7 Payee address: <b>2200 Hwy 360 Grand Prairie, TX</b>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing expense</b>	(b) Description <b>Political signs and flyers</b>
	(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
------	------------

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
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
-------------	----------------	-------	--------	----------

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

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JUL 15 2024

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

City Secretary's Office  
City of Grand Prairie  
**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME <b>JORDAN A. CARTER</b>	2 Filer ID (Ethics Commission Filers)
--	---------------------------------------

## 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder

## 4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below only if you are not an officeholder. ••

### A CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☒ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B ASSETS

Check only one:

- ☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
Signature of Candidate

## 5 OFFICEHOLDER

•• Complete this section only if you are an officeholder. ••

- ☒ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder



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JUL 15 2024

## UNSWORN DECLARATION

FORM UD

City Secretary's Office  
City of Grand Prairie

Attach this unsworn declaration to the front of any campaign finance report or personal financial statement in lieu of a notarized signature. See Tex. Civil Practice and Remedies Code § 132.001.

## OFFICE USE ONLY

Date Received

Method of Delivery

Date Processed

1 FILER ID:  
(Ethics Commission filers)2 NAME OF FILER  
(PLEASE TYPE OR PRINT)

Jordan A. Carter

3 TYPE OF FILER



CANDIDATE/ OFFICEHOLDER



JUDICIAL CANDIDATE/ OFFICEHOLDER



PERSONAL FINANCIAL STATEMENT



DIRECT CAMPAIGN EXPENDITURE



POLITICAL COMMITTEE



POLITICAL PARTY



STATE/COUNTY CHAIR

4 TYPE OF REPORT

Final Report

5 DUE DATE

## 6 UNSWORN DECLARATION:

My name is Jordan A. Carter, and my date of birth is [REDACTED]My Address is [REDACTED] Grand Prairie TX 75052 Dallas  
(street) (city) (state) (zip code) (country)

I swear, or affirm, under penalty of perjury that the information in the attached report is in all things true and correct, and includes all information required to be reported by me under Title 15, Election Code, or Chapter 572, Government Code.

Executed in Dallas County, State of Texas, on the 15 day of July, 2024.Signature of Filer/Committee Representative  
(Declarant)