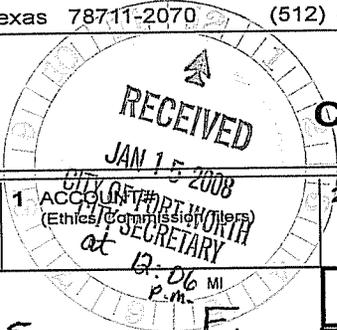


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1



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

2 Total pages filed:

1 of 7

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

OFFICIAL RECORD
Date Hand-delivered or Date Postmarked
CITY SECRETARY
FORT WORTH, TEX

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 343-2978

Receipt #

Date Processed

Date Imaged

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST LAST SUFFIX
ELAINE MI
PETRUS

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 924-8898

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
7 / 1 / 2007 THROUGH 12 / 31 / 2007

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
5 / 12 / 2007 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any) DISTRICT 6 OFFICE SOUGHT (if known) DISTRICT 6
FORT WORTH City Council FORT WORTH City Council

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..
Name
Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2
2 of 7

15 C/OH NAME JUNGUS F. JORDAN 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

 additional pages

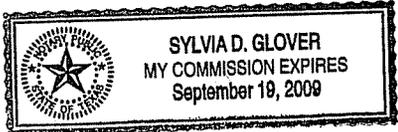
** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 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)	\$ 300.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,011.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,039.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code



Jungus Jordan
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jungus Jordan, this the 15th day of January, 20 08, to certify which, witness my hand and seal of office.

Sylvia Glover Signature of officer administering oath
Sylvia Glover Printed name of officer administering oath
Notary 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:
3 OF 7

2 FILER NAME

JUNGUS F. JORDAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

7-2-07

NANCY CARTER
6 Contributor address; City; State; Zip Code
**3408 RUSTWOOD CT.
FORT WORTH, TX 76109-2440**

200.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

7-11-07

STEVE MURRIN, JR.
Contributor address; City; State; Zip Code
**500 NE 23RD ST.
FORT WORTH, TX 76164-8219**

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

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 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 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 FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <p style="text-align: center; font-size: 1.2em;">4 of 7</p>	
2 FILER NAME <p style="font-size: 1.2em; margin-left: 20px;">Jungus F. Jordan</p>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <p style="font-size: 1.5em; margin-left: 10px;">7-18</p>	5 Payee name <p style="font-size: 1.2em; margin-left: 20px;">BREAKFAST CLUB OF FORT WORTH</p>	7 Amount (\$) <p style="font-size: 1.5em; margin-left: 10px;">105.00</p>	
6 Payee address; City; State; Zip Code <p style="margin-left: 20px;">306 W. 7th FORT WORTH, TEXAS 76102</p>			
8 Purpose of payment (See instructions regarding type of information required.) <p style="font-size: 1.2em; margin-left: 20px;">Dues Quarterly</p> <p style="font-size: 0.8em; margin-left: 20px;">(If travel outside of Texas, complete Schedule T)</p>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held		
Date <p style="font-size: 1.5em; margin-left: 10px;">7-19</p>	Payee name <p style="font-size: 1.2em; margin-left: 20px;">FORT WORTH Keg STEAKHOUSE</p>	Amount (\$) <p style="font-size: 1.5em; margin-left: 10px;">46.97</p>	
Payee address; City; State; Zip Code <p style="margin-left: 20px;">5760 S.W. LOOP #20 FORT WORTH, TEXAS 76132</p>			
Purpose of payment (See instructions regarding type of information required.) <p style="font-size: 1.2em; margin-left: 20px;">Political discussions with JOHN LONG and advise</p> <p style="font-size: 0.8em; margin-left: 20px;">(If travel outside of Texas, complete Schedule T)</p>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <p style="font-size: 1.5em; margin-left: 10px;">7-25</p>	Payee name <p style="font-size: 1.2em; margin-left: 20px;">ROTARY CLUB OF FORT WORTH</p>	Amount (\$) <p style="font-size: 1.5em; margin-left: 10px;">300.00</p>	
Payee address; City; State; Zip Code <p style="margin-left: 20px;">306 W. 7th, Suite 715 FORT WORTH TX 76102-4906</p>			
Purpose of payment (See instructions regarding type of information required.) <p style="font-size: 1.2em; margin-left: 20px;">Dues - Semi Annual and charitable donation children's Fund</p> <p style="font-size: 0.8em; margin-left: 20px;">(If travel outside of Texas, complete Schedule T)</p>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <p style="font-size: 1.5em; margin-left: 10px;">8-15</p>	Payee name <p style="font-size: 1.2em; margin-left: 20px;">MADELYN GIBBS</p>	Amount (\$) <p style="font-size: 1.5em; margin-left: 10px;">50.00</p>	
Payee address; City; State; Zip Code <p style="margin-left: 20px;">4601 FOXFIRE FORT WORTH TX 76133</p>			
Purpose of payment (See instructions regarding type of information required.) <p style="font-size: 1.2em; margin-left: 20px;">GIFT CERTIFICATE FOR STARBUCKS PURCHASES</p> <p style="font-size: 0.8em; margin-left: 20px;">(If travel outside of Texas, complete Schedule T)</p>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
5 of 7

2 FILER NAME
Jungus F Jordan

3 ACCOUNT # (Ethics Commission filers)

4 Date 8-01-07	5 Payee name Reata Restaurant	7 Amount (\$) 46.88
6 Payee address; City; State; Zip Code 310 Houston St FORT WORTH TEXAS 76102		

8 Purpose of payment (See instructions regarding type of information required.) Political discussion and advise JOHN STEPHENSON (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 9-14-07	Payee name TEXAS VICTORY 2008	Amount (\$) 1,000.00
Payee address; City; State; Zip Code 900 CONGRESS AVE., Suite 300 AUSTIN Texas 78701		

Purpose of payment (See instructions regarding type of information required.) CONSOLIDATED CAMPAIGN CONTRIBUTION (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 9-19-07	Payee name Maddelyn GIBBS	Amount (\$) 72.98
Payee address; City; State; Zip Code 4601 FOXFIRE FORT WORTH, TX 76133		

Purpose of payment (See instructions regarding type of information required.) Refreshments for Advisory Committee (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 9-22-07	Payee name FORT WORTH ZOO Ball DONATION	Amount (\$) 100.00
Payee address; City; State; Zip Code 1989 COLONIAL PARKWAY FORT WORTH, TX 76109		

Purpose of payment (See instructions regarding type of information required.) DONATION TO CHARITABLE EVENT (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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1219.86
1721.83

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

6 of 7

2 FILER NAME

JUNGUS F. JORDAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

BONNELL'S Restaurant

7 Amount (\$)

6 Payee address; City; State; Zip Code

4259 Bryant Irwin Rd
Ft Worth, TX 76109

241.41

8 Purpose of payment (See instructions regarding type of information required.)

VICTORY Celebration
DINNER

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

10-06-07

THE BREAKFAST CLUB of FORT WORTH

Payee address; City; State; Zip Code

306 W. 7th Suite
FORT WORTH, TX 76102

Amount (\$)

205.00

Purpose of payment (See instructions regarding type of information required.)

Membership dues and special assessment

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

10-12-07

SICKLE Cell of FORT WORTH

Payee address; City; State; Zip Code

1400 Main St
FT. WORTH, TX 76104

Amount (\$)

150.00

Purpose of payment (See instructions regarding type of information required.)

CHARITABLE DONATION

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Nov
15-07

TCU VETERANS Memorial Annual Fund

Payee address; City; State; Zip Code

2800 South University
FORT WORTH TX 76109

Amount (\$)

200.00

Purpose of payment (See instructions regarding type of information required.)

CHARITABLE DONATION

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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796.41
2518.24

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7 of 7

2 FILER NAME JUNGUS F. JORDAN

3 ACCOUNT # (Ethics Commission filers)

4 Date 12-14-07 5 Payee name Aerospace Optimist CLUB of Fort Worth
 6 Payee address; City; State; Zip Code

7 Amount (\$) 90.00

FORT WORTH TX 76134

8 Purpose of payment (See instructions regarding type of information required.) Annual membership dues
 (If travel outside of Texas, complete Schedule T)

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

Date 12-15-07 Payee name AT+T
 Payee address; City; State; Zip Code
P.O BOX 630047
DALLAS, TX 75263-0047

Amount (\$) 358.00

Purpose of payment (See instructions regarding type of information required.) 817 343-2975
2007 ANNUAL Cell phone for CAMPAIGN
 (If travel outside of Texas, complete Schedule T)

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

Date 11-20-07 Payee name ON THE BORDER
20-07 Payee address; City; State; Zip Code
2011 Copeland Rd.
ARLINGTON, TX 76011

Amount (\$) 45.24

Purpose of payment (See instructions regarding type of information required.) Meeting with Transportation officials to discuss rail initiative
 (If travel outside of Texas, complete Schedule T)

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

Date Payee name
 Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)
 (If travel outside of Texas, complete Schedule T)

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

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493.24
3011.48