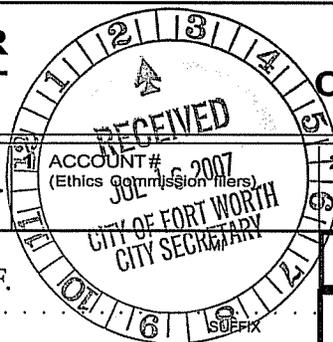


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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



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

Total pages filed:  
11

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR FIRST  
Jungus F.  
NICKNAME LAST  
Jordan

**OFFICE USE ONLY**

Date Received

**OFFICIAL RECORD**

**CITY SECRETARY**

**FT. WORTH, TEX**

Date Hand Delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
5316 Starry Ct.  
Fort Worth, Texas 76123

**5 CANDIDATE / OFFICEHOLDER PHONE**

AREA CODE PHONE NUMBER EXTENSION  
( 817 ) 343-2978

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR FIRST MI  
Elaine  
NICKNAME LAST SUFFIX  
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 76109

**8 CAMPAIGN TREASURER PHONE**

AREA CODE PHONE NUMBER EXTENSION  
( 817 ) 924-8898

**9 REPORT TYPE**

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

**10 PERIOD COVERED**

Month Day Year THROUGH Month Day Year  
5 / 03 / 2007 THROUGH 6 / 30 / 2007

**11 ELECTION**

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

**12 OFFICE**

OFFICE HELD (if any)  
Fort Worth City Council, Dist 6

**13 OFFICE SOUGHT (if known)**  
Fort Worth City Council, Dist 6

**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**

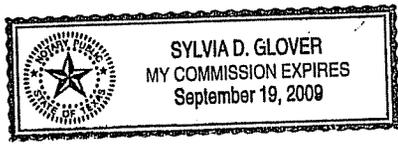
<b>15 C/OH NAME</b> Jungus Jordan	<b>16 ACCOUNT #</b> (Ethics Commission Filers)
--------------------------------------	--

<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 45.61
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <del>34932.90</del> <b>35,432.90</b> <i>JH</i>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 54040.30
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11713.96
<b>OUTSTANDING LOAN TOTALS</b>	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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Jungus Jordan*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jungus Jordan, this the 16<sup>th</sup> day of July, 2007, 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: <b>6</b>	
2 FILER NAME <b>Jungus Jordan</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/4/07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chesapeake Energy Corp Fed PAC</b>	7 Amount of contribution (\$) <b>\$1500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>P.O. Box 18576 OKC OK 73154</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5/4/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeff Davis</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>420 Throckmorton St, Ste. 640 Fort Worth TX 76102</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/4/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Freese and Nichols PAC</b>	Amount of contribution (\$) <b>\$150.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4055 International Plaza, Ste. 200 Fort Worth TX 76109</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/4/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FW Ret. Firefighters &amp; Widows Cmte. for Resp Government</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1617 Tierney Road Fort Worth TX 76112</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/4/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hammer and Nails Club</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6464 Brentwood Stair Rd, Ste. 100 Fort Worth TX 76112</b>		(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 CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A: <b>6</b>	
<b>2</b> FILER NAME Jungus Jordan		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date 5/4/07	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry R. Montesi <b>6</b> Contributor address; City; State; Zip Code 301 Commerce St, Ste. 3635 Fort Worth TX 76102	<b>7</b> Amount of contribution (\$) \$250.00  (If travel outside of Texas, complete Schedule T)	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date 5/4/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isabelle Hulsey Contributor address; City; State; Zip Code 801 Hillcrest Fort Worth TX 76107	Amount of contribution (\$) \$50.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/4/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Mallick Contributor address; City; State; Zip Code 3715 Camp Bowie Blvd. Fort Worth TX 76107	Amount of contribution (\$) \$2000.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/4/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert & Kara Baker Contributor address; City; State; Zip Code 9517 Bella Terra Drive Fort Worth TX 76126	Amount of contribution (\$) \$2000.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/5/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FWPOA Committee for Public Safety Contributor address; City; State; Zip Code 904 Collier Fort Worth TX 76102	Amount of contribution (\$) \$2000.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A: 6	
<b>2</b> FILER NAME Jungus Jordan		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date 5/5/07	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ms. Martha V. Leonard <b>6</b> Contributor address; City; State; Zip Code 1411 Shady Oaks Lane Fort Worth TX 76107	<b>7</b> Amount of contribution (\$) \$500.00  (If travel outside of Texas, complete Schedule T)	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date 5/5/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles W. & Dianne R. Nixon Contributor address; City; State; Zip Code 104 Crestwood Drive Fort Worth TX 76107	Amount of contribution (\$) \$250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/5/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddie & Trey Gibbs Contributor address; City; State; Zip Code 4601 Foxfire Fort Worth TX 761	Amount of contribution (\$) \$79.34  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) food for campaign workers
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/8/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne T. & Robert M. Bass Contributor address; City; State; Zip Code 201 Main Street Fort Worth TX 76102	Amount of contribution (\$) \$2000.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/8/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen H. Berry Contributor address; City; State; Zip Code 409 Rivercrest Drive Fort Worth TX 76107	Amount of contribution (\$) \$250.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM 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: 6	
2 FILER NAME Jungus Jordan		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/8/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay H. & Toni L. Meadows 6 Contributor address; City; State; Zip Code 3656 Encanto Drive Fort Worth TX 76109	7 Amount of contribution (\$) \$1000.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/9/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas L. Krampitz Contributor address; City; State; Zip Code 1210 Nueces St., No. 200 Austin TX 78701	Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/9/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speed PAC Contributor address; City; State; Zip Code 500 Main Street, Ste. 600 Fort Worth TX 76102	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/10/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James R. Toal Contributor address; City; State; Zip Code 341 Nursery Lane Fort Worth TX 76114-4336	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/10/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Committee For Public Safety Contributor address; City; State; Zip Code 904 Collier Fort Worth TX 76102	Amount of contribution (\$) \$3926.76 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Direct Mail
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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>6</b>	
2 FILER NAME <b>Jungus Jordan</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/11/07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mr. &amp; Mrs. Robert D. Brown</b>	7 Amount of contribution (\$) <b>\$125.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>328 Chateau Drive Fort Worth TX 76134-4618</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5/12/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Karl Komatsu</b>	Amount of contribution (\$) <b>\$250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3905 Lenox Drive Fort Worth TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/13/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Winston D. &amp; Dixie D. Seaman</b>	Amount of contribution (\$) <b>\$50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7320 Lemonwood Lane Fort Worth TX 76133</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/17/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FW Fire Fighters Committee for Responsible Gov't</b>	Amount of contribution (\$) <b>\$12480.80</b>	In-kind contribution description (if applicable) <b>labor &amp; expenses for early voting and election day workers</b>
Contributor address; City; State; Zip Code <b>417 N. Retta Fort Worth TX 76111</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5/17/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FW Fire Fighters Committee for Responsible Gov't</b>	Amount of contribution (\$) <b>\$1625.39</b>	In-kind contribution description (if applicable) <b>t-shirts and other miscellaneous campaign materials</b>
Contributor address; City; State; Zip Code <b>417 N. Retta Fort Worth TX 76111</b>		(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**  
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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>6</b>	
2 FILER NAME <b>Jungus Jordan</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/18/07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patty Williams</b>	7 Amount of contribution (\$) <b>\$1000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>5 Crown Rd. Weatherford TX 76087-9058</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5/23/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard D. Minker</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4258 Altura RD. Fort Worth TX 76109</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/21/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Robertson</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7509 Rall Circle Fort Worth TX 76132</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>6/29/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lockheed-Martin Employees PAC</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1550 Crystal Drive Ste 300 Arlington VA 22202</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-18-07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ms. MARTHA V. LEONARD</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1411 SHADY OAKS LANE FORT WORTH, TEXAS 76107</b>		(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**  
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F: <b>3</b>
<b>2</b> FILER NAME Jungus Jordan		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  5/4/2007	<b>5</b> Payee name The Eppstein Group ..... <b>6</b> Payee address; City; State; Zip Code 4055 International Plaza # 600 Fort Worth TX 76109	<b>7</b> Amount (\$)  20158.03
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  Professional services and direct mail (If travel outside of Texas, complete Schedule T)		<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date  5/8/2007	Payee name Sean Foushee ..... Payee address; City; State; Zip Code 720 Oakwood Trail Fort Worth TX 76112	Amount (\$)  550.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  Web Design (If travel outside of Texas, complete Schedule T)		<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date  5/12/2007	Payee name Cousin's BBQ ..... Payee address; City; State; Zip Code 6262 McCart Fort Worth TX 76133	Amount (\$)  508.60
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  Victory Party Catering (If travel outside of Texas, complete Schedule T)		<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date  5/22/2007	Payee name The Eppstein Group ..... Payee address; City; State; Zip Code 4055 International Plaza # 600 Fort Worth TX 76109	Amount (\$)  32163.94
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  Professional Services, Direct Mail (If travel outside of Texas, complete Schedule T)		<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

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

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F: <p style="text-align: center;">3</p>
<b>2</b> FILER NAME Jungus Jordan		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  6/2/2007	<b>5</b> Payee name Maddie Gibbs ..... <b>6</b> Payee address; City; State; Zip Code 4601 Foxfire Fort Worth TX 76133	<b>7</b> Amount (\$)  82.70
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  Reimbursement for refreshments (If travel outside of Texas, complete Schedule T)		<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date  6/2/2007	Payee name Office Depot ..... Payee address; City; State; Zip Code 4810 Southwest Blvd. Fort Worth TX 76109	Amount (\$)  69.26
Purpose of payment (See instructions regarding type of information required.)  Supplies (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date  6/2/2007	Payee name Longhorn Council ..... Payee address; City; State; Zip Code 4917 Briarhaven Rd Fort Worth TX 76109	Amount (\$)  100.00
Purpose of payment (See instructions regarding type of information required.)  Boy Scouts 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  6/20/2007	Payee name USPS ..... Payee address; City; State; Zip Code Fort Worth TX	Amount (\$)  82.00
Purpose of payment (See instructions regarding type of information required.)  stamps (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

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

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form. **1** Total pages Schedule F: 3

**2** FILER NAME  
Jungus Jordan **3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date 6/25/2007	<b>5</b> Payee name Gordon Boswell Florist <b>6</b> Payee address; City; State; Zip Code 6200 Camp Bowie Blvd. Fort Worth TX 76116	<b>7</b> Amount (\$) 147.12
----------------------------	--	--------------------------------

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Flowers (If travel outside of Texas, complete Schedule T)	<b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
--	---

Date 6/29/2007	Payee name Maddie Gibbs Payee address; City; State; Zip Code 4601 Foxfire Fort Worth TX 76133	Amount (\$) 178.65
-------------------	---	-----------------------

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

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