Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

RECEIVED
APR - 9 2009
CITY OF FORT WORTH
CITY SECRETARY

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

1 ACCOUNT # (Ethics Commission Filers)

2 Total pages filed: 6

OFFICE USE ONLY

Date Received

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: JUNGUS | MI: F.

NICKNAME | LAST: JORDAN | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 5316 STARRY COURT
APT / SUITE #: | CITY: FORT WORTH, | STATE: TEXAS | ZIP CODE: 76123

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (817) | PHONE NUMBER: 343-2978 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: ELAINE | MI

NICKNAME | LAST: PETRUS | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 3736 COUNTRY CLUB
APT / SUITE #: | CITY: FORT WORTH, | STATE: TEXAS | ZIP CODE: 76109

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817) | PHONE NUMBER: 924 8898 | EXTENSION

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 1 Day 01 Year 2009 THROUGH Month 3 Day 31 Year 2009

11 ELECTION

ELECTION DATE: Month 5 Day 9 Year 2009

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any): CITY COUNCIL MEMBER, District 6 FORT WORTH, TEXAS 76102

13 OFFICE SOUGHT (if known): CITY COUNCIL MEMBER DISTRICT 6 FORT WORTH, TEXAS

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

15 C/OH NAME: Jungus Jordan

16 ACCOUNT # (Ethics Commission Filers)

17 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 124.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 7150.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 625.90
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 12,905.20
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

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

RONALD P. GONZALES
Notary Public, State of Texas
My Commission Expires
May 17, 2012

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jungus Jordan, this the 9th day of April, 2009, 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
Ronald P. Gonzales	Ronald P. Gonzales	Notary

Revised 06/27/2008

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 2

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
JAN 19th 2009	DON DOYLE 3724 WILKIE WAY FORT WORTH, TEXAS 76133	200.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): RETIRED

10 Employer (See Instructions): RETIRED

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
Feb 21 2009	BOB and Sally PARMELEE 3701 AUTUMN DRIVE FORT WORTH, TEXAS	200 00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): LAWYER / RETIRED Teacher

Employer (See Instructions): SELF

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
MAR 10 2009	Retired FIREFIGHTERS + WIDOWS COMMITTEE FOR Responsible Govt 1617 TIERNEY ROAD FORT WORTH TX 76112	1000.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): ~~LAWYER~~ / ~~Retired Teacher~~

Employer (See Instructions): ~~SELF~~

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
MAR 11 2009	GARY FICKES CAMPAIGN FUND 4021 HILLTOP ~~COURT~~ DRIVE SOUTHLAKE TEXAS 76092	200.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): COMMISSIONER

Employer (See Instructions): TARRANT COUNTY

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
MAR 27 2009	G. MALCOLM LOUDEN 500 W. 7th Street UNIT No. 27 STE 1007 FORT WORTH TEXAS 76102-4773	2,500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): INVESTMENTS

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

4100

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A: 2

2 FILER NAME: JUNIUS JORDAN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
MAR 19 2009	ANNE T. & ROBERT BASS 201 MAIN STREET FORTWORTH, TEXAS 76102	2,000.00		INVESTMENTS	

(If travel outside of Texas, complete Schedule T)

Date	Full name of contributor (☐ out-of-state PAC (ID#_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
MAR 19 2009	HALFF ASSOCIATES STATE PAC 1201 NORTH BOWSER ROAD RICHARDSON, TX 75081	200.00			

(If travel outside of Texas, complete Schedule T)

Date	Full name of contributor (☐ out-of-state PAC (ID#_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
MAR 20 2009	CH2M HILL TEXAS PAC 12377 MERIT DRIVE, 10TH FLOOR DALLAS, TEXAS 75251	250.00			

(If travel outside of Texas, complete Schedule T)

Date	Full name of contributor (☐ out-of-state PAC (ID#_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
MAR 20 2009	MR. OR MRS. JOHN U. ROACH II 2805 ALTON ROAD FORT WORTH, TX 76109	500.00		RETIRED INVESTMENTS	

(If travel outside of Texas, complete Schedule T)

Date	Full name of contributor (☐ out-of-state PAC (ID#_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
MAR. 24 2009	DAVID PETTIT 2209 IRWIN AVENUE FORT WORTH, TX 76110	100.00		Designer	GIDEON TOAL

(If travel outside of Texas, complete Schedule T)

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3,050.00

Revised 06/27/2008

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME: JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/23 2009	BREAKFAST CLUB OF FORT WORTH 306 West 7th Street FORT WORTH, TEXAS 76102	105.00

8 Purpose of payment (See instructions regarding type of information required.): 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	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/9 2009	CITY OF FORT WORTH 1000 THROCKMORTON FORT WORTH, TEXAS 76102	100.00

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

(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 ($)
3/3 2009	AT+T P.O. BOX 630047 DALLAS, Texas 75263-0047	202.55

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

(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 ($)
3/12 2009	FORT WORTH LIBRARY FOUNDATION 500 West 3d Street FORT WORTH, TEXAS 76102	100.00

Purpose of payment (See instructions regarding type of information required.): CONTRIBUTION FOR LIBRARY BOOKS+ TRUCK

(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

Revised 10/27/2008

507.55

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME: Jungus Jordan

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/21 2009	OFFICE Depot	118.35

8 Purpose of payment (See instructions regarding type of information required.): Campaign Office Supplies Printer cartridges paper

(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 / 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

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

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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