Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

JAN 14 2011 CITY SECRETARY

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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

1 ACCOUNT # (Ethics Commission Filers)

2 Total pages filed: 8

OFFICE USE ONLY

Date Received

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: 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, TEXAS 76123 STATE: ZIP CODE:
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: (817) PHONE NUMBER: 343-2978 EXTENSION:
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MRS. 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, TEXAS 76109 STATE: ZIP CODE:
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 / Day / Year: 7 / 01 / 2010 THROUGH Month / Day / Year: 12 / 31 / 2010
11 ELECTION	ELECTION DATE Month / Day / Year: – / / ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special
12 OFFICE	OFFICE HELD (if any): CITY COUNCIL MEMBER DISTRICT 6, CITY OF FORT WORTH 13 OFFICE SOUGHT (if known):
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS ☐ additional pages	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:

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: JUNGUS F. 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	$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 5,200.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 6.67
	4. TOTAL POLITICAL EXPENDITURES	$ 1725.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 5,776.54
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.

MARTY HENDRIX
MY COMMISSION EXPIRES
April 3, 2013

Jungus F. Jordan
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JUNGUS F. JORDAN, this the 14th day of JANUARY, 20 11, to certify which, witness my hand and seal of office.

Marty Hendrix — Signature of officer administering oath
Marty Hendrix — 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: 1 of 1

2 FILER NAME: JUNGUS F. 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)
7-1-10	Michael Hagin 6136 Walraven Circle FORT WORTH, TEXAS 761	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#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-09-10	FORT WORTH FIRE FIGHTER'S COMMITTEE FOR RESPONSIBLE GOVERNMENT 3855 TULSA WAY FORT WORTH, TEXAS 76107-3343	5,000.00	

(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#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(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#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(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# ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(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 foradditional 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 Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 1 of 5

2 FILER NAME: JUNGUS F. JORDAN

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 7-5-2010

5 Payee name: COMBINED ARTS MEDIA

6 Amount ($): 200.00

7 Payee address; City; State; Zip Code: P.O. BOX 171623 ARLINGTON, TEXAS 76003-1623

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): Other (web hosting annual costs)

(b) Description (If travel outside of Texas, complete Schedule T): WEB HOSTING FOR WEB SITE

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

Date: 7-9-2010

Payee name: THE ROTARY CLUB OF FORT WORTH

Amount ($): $225.00

Payee address; City; State; Zip Code: 306 West 7th, Ste. 715 FORT WORTH, TEXAS 76102-4900

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): OTHER

Description (If travel outside of Texas, complete Schedule T): MEMBERSHIP DUES For July 1 - December 31, 2010

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

Date: 7-9-2010

Payee name: THE ROTARY CLUB OF FORT WORTH

Amount ($): $100.00

Payee address; City; State; Zip Code: 306 West 7th, Ste 715 FORT WORTH, TEXAS 76102-4900

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): CONTRIBUTION/DONATIONS MADE BY CANDIDATE/Officeholder/Political Committee

Description (If travel outside of Texas, complete Schedule T): Charitable donation to ROTARY ENDOWMENT FUND

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

Date: 9-13-2010

Payee name: JAMIE PHILLIPS

Amount ($): $52.75/100

Payee address; City; State; Zip Code: 1000 THROCKMORTON FORT WORTH, TEXAS 76102

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): FOOD / BEVERAGE EXPENSE

Description (If travel outside of Texas, complete Schedule T): Reimbursement for refreshments for leadership advisory meeting

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 2 of 5

2 FILER NAME: JUNGUS F. JORDAN

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 9-23-2010

5 Payee name: J. D. JOHNSON CAMPAIGN FUND

6 Amount ($): 50.00

7 Payee address; City; State; Zip Code: P.O. BOX 136021 FORT WORTH, TEXAS 76136

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): CONTRIBUTIONS / DONATIONS MADE BY CANDIDATE / OFFICEHOLDER / POLITICAL COM.

(b) Description (If travel outside of Texas, complete Schedule T): POLITICAL CONTRIBUTION TO J.D. JOHNSON

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: J. D. JOHNSON

Office sought: COMMISSIONER, TARRANT COUNTY

Office held:

Date: 9-23-2010

Payee name: THE BREAKFAST CLUB of FORT WORTH

Amount ($): 97.00

Payee address; City; State; Zip Code: 333 THROCKMORTON St. # 808 FORT WORTH, TEXAS 76102

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): OTHER

Description (If travel outside of Texas, complete Schedule T): MEMBERSHIP DUES 4TH QTR. 2010

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

Date: 11-15-2010

Payee name: JAMIE PHILLIPS

Amount ($): 75.15

Payee address; City; State; Zip Code: 1000 THROCKMORTON FORT WORTH, TEXAS 76109

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): FOOD / BEVERAGE EXPENSE

Description (If travel outside of Texas, complete Schedule T): Reimbursement for refreshments for PARK Dedication / RIBBON CUT

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

Date: 11-15-2010

Payee name: AEROSPACE OPTIMIST CLUB

Amount ($): 110.00

Payee address; City; State; Zip Code: P.O. BOX 33435 FORT WORTH, TEXAS 76162

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Other

Description (If travel outside of Texas, complete Schedule T): ANNUAL MEMBERSHIP DUES OPTIMIST CLUB

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
3 of 5	JUNGUS F. JORDAN	

4 Date	5 Payee name
7-14-2010	PICCOLO MONDO RESTAURANT
6 Amount ($)	**7 Payee address; City; State; Zip Code**
37.86	829 E. LAMAR ARLINGTON, TEXAS 76011
8 PURPOSE OF EXPENDITURE	**(a) Category** (See categories listed at the top of this schedule): FOOD / BEVERAGE EXPENSE **(b) Description** (If travel outside of Texas, complete Schedule T): LUNCH DISCUSSION ON CLEAN AIR COMMITTEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Office sought: Office held:

Date	Payee name
8-28-2010	CHARLESTON'S RESTAURANT
Amount ($)	**Payee address; City; State; Zip Code**
50.84	3020 S. HULEN FORT WORTH, TEXAS 76109
PURPOSE OF EXPENDITURE	**Category** (See categories listed at the top of this schedule): FOOD / BEVERAGE EXPENSE **Description** (If travel outside of Texas, complete Schedule T): MEETING TO DISUSS WEB SITE DEVELOPMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Office sought: Office held:

Date	Payee name
12-6-2010	JAMIE PHILLIPS
Amount ($)	**Payee address; City; State; Zip Code**
100.48	1000 THROCKMORTON FORT WORTH, TEXAS 76102
PURPOSE OF EXPENDITURE	**Category** (See categories listed at the top of this schedule): FOOD / BEVERAGE EXPENSE **Description** (If travel outside of Texas, complete Schedule T): REIMBURSE FOR REFRESHMENTS FOR Advisory Meeting and DEMO EVENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Office sought: Office held:

Date	Payee name
12-13-2010	CHARLESTON'S RESTAURANT
Amount ($)	**Payee address; City; State; Zip Code**
43.35	3020 S. HULEN FORT WORTH, TEXAS 76109
PURPOSE OF EXPENDITURE	**Category** (See categories listed at the top of this schedule): FOOD / BEVERAGE EXPENSE **Description** (If travel outside of Texas, complete Schedule T): LUNCH MEETING WITH CAMPAIGN STAFF / SUPPORTERS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Office sought: Office held:

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 4 of 5	2 FILER NAME JUNGUS F. JORDAN	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12-14-2010	5 Payee name CANCER CARE SERVICES	
6 Amount ($) 100.00	7 Payee address; City; State; Zip Code 623 SOUTH HENDERSON ST. FORT WORTH, TEXAS 76104-2920	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRIBUTIONS / DONATIONS MADE BY CANDIDATE / OFFICEHOLDER / Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) DONATION FOR CANCER CARE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 12-14-2010	Payee name THE BREAKFAST CLUB OF FORT WORTH	
Amount ($) 97.00	Payee address; City; State; Zip Code 333 THROCKMORTON St. #808 FORT WORTH, TEXAS 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) QUARTERLY MEMBERSHIP DUES
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 12-21-2010	Payee name PARIS COFFEE SHOP	
Amount ($) 21.51	Payee address; City; State; Zip Code 704 W. MAGNOLIA FORT WORTH, TEXAS 76104	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) LUNCH MEETING TO DISCUSS COMMITTEE ASSIGNMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 12-28-2010	Payee name THE ROTARY CLUB OF FORT WORTH	
Amount ($) 225.00	Payee address; City; State; Zip Code 306 WEST 7TH, STE. 715 FORT WORTH, TEXAS 76102-4900	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) MEMBERSHIP DUES - JANUARY 1-JUNE 30, 2011
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 5 of 5	2 FILER NAME JUNGUS F. JORDAN	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12-28-2010	5 Payee name THE ROTARY CLUB OF FORT WORTH	
6 Amount ($) 100.00	7 Payee address; City; State; Zip Code 306 WEST 7th, STE. 715 FORT WORTH, TEXAS 76102-4900	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRIBUTIONS / DONATIONS MADE BY CANDIDATE/OFFICEHOLDER/POLITICAL COMM	(b) Description (If travel outside of Texas, complete Schedule T) CHARITABLE CONTRIBUTION TO ROTARY ENDOWMENT FUND
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 12-28-2010	Payee name MAC'S RESTAURANT ON 7th	
Amount ($) 39.29	Payee address; City; State; Zip Code 2600 West 7th STREET FORT WORTH, TEXAS 76107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) WORKING LUNCH TO DISCUSS DISTRICT 6 POLICY ISSUES
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 (If travel outside of Texas, complete Schedule T)
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 (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED