

OFFICIAL RECORD

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

CITY SECRETARY FT. WORTH, TEX

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:

27

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

MR.

JUNGUS

F.

NICKNAME

LAST

SUFFIX

JORDAN

OFFICE USE ONLY

Date Received

Date and delivered by Postmarked

Date Produced

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5316

STARRY COURT

FORT WORTH, TEXAS

76123

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

343-2978

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

MRS.

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

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

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 / 2012

12 / 31 / 2012

11 ELECTION

Month

ELECTION DATE

Day

Year

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

COUNCIL MEMBER
DISTRICT 6

CITY OF FORT WORTH, TX

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

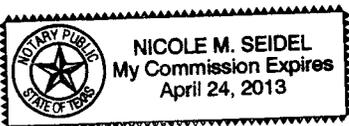
**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME <u>JUNGUS JORDAN</u>	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <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.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 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)	\$ <u>27,995</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>41</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,727.51</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>39,793.48</u> <u>XX</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Jungus Jordan, this the 14th day of January, 20 13, to certify which, witness my hand and seal of office.

Nicole M Seidel
Signature of officer administering oath

Nicole M Seidel
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: 1 of 17	
2 FILER NAME JUNGUS JORDAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-8-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIMOTHY L. and ELAINE J. PETRUS	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3736 COUNTRY CLUB CIRCLE FORT WORTH, TEXAS 76109		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8-8-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUANITA N. KIRTLEY	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7024 CASTLE CREEK DRIVE E. FORT WORTH, TEXAS 76132-3704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-8-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDITH S. JONES	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4113 WILLOW WAY ROAD FORT WORTH, TEXAS 76133		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-8-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM B. and PATRICIA J. GORDON	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5201 WINIFRED FORT WORTH, TEXAS 76133		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-8-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN M. STEVENSON	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1207 HILLCREST STREET FORT WORTH, TEXAS 76107		(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 for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
2 of 17

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-8-12

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

JOSEPH K. and MARY K. DULLE

6 Contributor address; City; State; Zip Code

**2127 PEMBROKE
FORT WORTH, TEXAS 76110-1202**

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8-8-12

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

JERRY and CHERYL CONATSER

Contributor address; City; State; Zip Code

**P.O. BOX 15302
FORT WORTH, TEXAS 76119**

Amount of contribution (\$)

2,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-8-12

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

CLAUDE D. and CIT. BROWN

Contributor address; City; State; Zip Code

**6149 WALLA AVE.
FORT WORTH, TEXAS 76133-3541**

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-8-12

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

MARK G. DANIEL

Contributor address; City; State; Zip Code

**115 W. SECOND ST, STE 202
FORT WORTH, TEXAS 76102**

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-9-12

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

WILL A. COURTNEY

Contributor address; City; State; Zip Code

**P.O. BOX 121488
FORT WORTH, TEXAS 76121**

Amount of contribution (\$)

250.00

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

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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:

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2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-9-12

5 Full name of contributor out-of-state PAC (ID# _____)
ERIK J. and DEBORA J. BROWN

6 Contributor address; City; State; Zip Code

5140 GOLDEN LANE
FORT WORTH, TEXAS 76123

7 Amount of contribution (\$)

40.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8-9-12

Full name of contributor out-of-state PAC (ID# _____)
CAROL and JAMES R. DUNAWAY

Contributor address; City; State; Zip Code

777 TAYLOR, ST. STE 1040
FORT WORTH, TEXAS 76102-4910

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-8-12

Full name of contributor out-of-state PAC (ID# _____)
THOMAS L. KRAMPITZ

Contributor address; City; State; Zip Code

3420 POTOMAC AVE.
DALLAS, TEXAS 75205

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-10-12

Full name of contributor out-of-state PAC (ID# _____)
PAUL E. ANDREWS, JR.

Contributor address; City; State; Zip Code

700 JENKINS ROAD
ALEDO, TEXAS 76008

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-10-12

Full name of contributor out-of-state PAC (ID# _____)
ROBERT E. BOLEN (BOB)

Contributor address; City; State; Zip Code

4213 CANDLEWIND LANE
FORT WORTH, TEXAS 76133

Amount of contribution (\$)

200.00

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 for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
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2 FILER NAME
JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date: **8-10-12**
5 Full name of contributor: **SUSAN K. and VICTOR MEDINA**
6 Contributor address: **3501 LANDS END ST.
FORT WORTH, TEXAS 76109**

7 Amount of contribution (\$): **100.00**
8 In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: **8-10-12**
Full name of contributor: **CHARLIE GEREN**
Contributor address: **P.O. BOX 1440
FORT WORTH, TX 76101**

Amount of contribution (\$): **250.00**
In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8-10-12**
Full name of contributor: **MICHAEL COHEN**
Contributor address: **4223 ALTAMESA
FORT WORTH, TEXAS 76133**

Amount of contribution (\$): **250.00**
In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8-10-12**
Full name of contributor: **MR. and MRS. JOHN V. ROACH II**
Contributor address: **2805 ALTON ROAD
FORT WORTH, TEXAS 76109**

Amount of contribution (\$): **250.00**
In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8-10-12**
Full name of contributor: **REED PIGMAN, JR.**
Contributor address: **200 TEXAS WAY
FORT WORTH, TEXAS 76106**

Amount of contribution (\$): **500.00**
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 for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
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2 FILER NAME
JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date: **8-10-12**
5 Full name of contributor: out-of-state PAC (ID#)
GERALDINE A. UTSEY
6 Contributor address: City: State: Zip Code
**6126 WOOD GARDEN LANE
BENBROOK, TEXAS 76132-1041**

7 Amount of contribution (\$): **25.00**
8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: **8-10-12**
Full name of contributor: out-of-state PAC (ID#)
G. MALCOLM LOUDEN
Contributor address: City: State: Zip Code
**500 W. 7th ST., UNIT #27, ST. 1007
FORT WORTH, TEXAS 76102**

Amount of contribution (\$): **2,500.00**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8-11-12**
Full name of contributor: out-of-state PAC (ID#)
MARTY AND LU A. MOSKOWITZ
Contributor address: City: State: Zip Code
**7137 WIND CHIME DRIVE
FORT WORTH, TEXAS 76133**

Amount of contribution (\$): **100.00**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8-13-12**
Full name of contributor: out-of-state PAC (ID#)
ROBERT FERNANDEZ and LARRY WILSON
Contributor address: City: State: Zip Code
**2305 COLONIAL PARKWAY
FORT WORTH, TEXAS 76109**

Amount of contribution (\$): **100.00**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8-13-12**
Full name of contributor: out-of-state PAC (ID#)
MARTHA V. LEONARD
Contributor address: City: State: Zip Code
**1411 SHADY OAKS LANE
FORT WORTH, TEXAS 76107**

Amount of contribution (\$): **500.00**
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 for additional reporting requirements

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

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2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-13-12

5 Full name of contributor out-of-state PAC (ID# _____)
HALFF ASSOCIATES - STATE PAC

6 Contributor address; City; State; Zip Code
1201 N. BOWSER ROAD
RICHARDSON, TEXAS 75081

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8-14-12

Full name of contributor out-of-state PAC (ID# _____)
TAYLOR and SHIRLEE J. GANDY

Contributor address; City; State; Zip Code
4250 SARITA COURT
FORT WORTH, TEXAS 76109-4732

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-14-12

Full name of contributor out-of-state PAC (ID# _____)
WILSON J. and CAROL LINDSAY

Contributor address; City; State; Zip Code
4345 CARTAGENA
FORT WORTH, TEXAS 76133

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-14-12

Full name of contributor out-of-state PAC (ID# _____)
MICHAEL J. and MAUREEN HARRIS

Contributor address; City; State; Zip Code
5404 SHASTA RIDGE CT.
FORT WORTH, TEXAS 76123

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-14-12

Full name of contributor out-of-state PAC (ID# _____)
DAVID H. and NANCY S. MARCKS

Contributor address; City; State; Zip Code
3124 CLOVERMEADOW DRIVE
FORT WORTH, TEXAS 76123

Amount of contribution (\$)

50.00

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 for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
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2 FILER NAME
JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date
8-14-12

5 Full name of contributor out-of-state PAC (ID#:
HOLT HICKMAN

7 Amount of contribution (\$)
500.⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**5800 MERRY MOUNT ROAD
FORT WORTH, TEXAS 76107**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
8-14-12

Full name of contributor out-of-state PAC (ID#:
BOB LEONARD LAW GROUP, PLLC

Amount of contribution (\$)
100.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**2800 SOUTH HULEN STREET, 210
FORT WORTH, TEXAS 76109**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8.14.12

Full name of contributor out-of-state PAC (ID#:
LEE O. ROGERS

Amount of contribution (\$)
100.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**201 PECAN STREET
FORT WORTH, TEXAS 76102**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8-14-12

Full name of contributor out-of-state PAC (ID#:
JAMES W. and Judy J. SCHELL

Amount of contribution (\$)
500.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**901 FORT WORTH CLUB BLDG
FORT WORTH, TEXAS 76102**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8-15-12

Full name of contributor out-of-state PAC (ID#:
BOB and THERESA WEDDELL

Amount of contribution (\$)
250.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**8000 DUSTY WAY
FORT WORTH, TEXAS 76123**

(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
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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:

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2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-15-12

5 Full name of contributor out-of-state PAC (ID# _____)
GOOD GOVERNMENT FUND (PAC)

6 Contributor address; City; State; Zip Code
201 MAIN STREET, SUITE 2500
FORT WORTH, TEXAS 76102

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8-15-12

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

Contributor address; City; State; Zip Code
201 MAIN STREET, SUITE 2500
FORT WORTH, TEXAS 76102

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-15-12

Full name of contributor out-of-state PAC (ID# _____)
ROBERT L. and JEANNE E. BAUER

Contributor address; City; State; Zip Code
3809 WALTON
FORT WORTH, TEXAS 76133

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-15-12

Full name of contributor out-of-state PAC (ID# _____)
JUDITH J. CARRIER

Contributor address; City; State; Zip Code
3720 WOOTEN DRIVE
FORT WORTH, TEXAS 76133-2038

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-15-12

Full name of contributor out-of-state PAC (ID# _____)
MARION G SNIPES

Contributor address; City; State; Zip Code
6808 TRINITY, LANDING DRIVE
FORT WORTH, TEXAS 76132-3742

Amount of contribution (\$)

25.00

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

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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:

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2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-15-12

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

WILLIAM W. and PATRICIA MEADOWS

6 Contributor address; City; State; Zip Code

3904 HAMILTON AVE.
FORT WORTH, TEXAS 76107

7 Amount of contribution (\$)

250.⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8-15-12

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

JAMES TDAL

Contributor address; City; State; Zip Code

341 NURSERY LANE
FORT WORTH, TEXAS 76114

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-16-12

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

GIB LEWIS

Contributor address; City; State; Zip Code

2300 RACE STREET
FORT WORTH, TX 76111

Amount of contribution (\$)

100.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-16-12

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

CMS CHARLES E and SUZANNE WELLS

Contributor address; City; State; Zip Code

5905 WALRAVEN CIRCLE
FORT WORTH, TEXAS 76133

Amount of contribution (\$)

200.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-16-12

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

MARTIN S. and BARBARA MOORE

Contributor address; City; State; Zip Code

6317 WAKELAND COURT
FORT WORTH, TEXAS 76133

Amount of contribution (\$)

100.⁰⁰

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 for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
10 of 17

2 FILER NAME
JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date: **8-16-12**
5 Full name of contributor: **ADELAIDE BRATTEN LEAVENS**
6 Contributor address: **3839 SOUTH HILLS CIRCLE
FORT WORTH, TEXAS 76109**

7 Amount of contribution (\$): **25.00**
8 In-kind contribution description (if applicable):
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: **8-16-12**
Full name of contributor: **ROBERT G. WEST**
Contributor address: **7012 ALLEN PLACE DRIVE
FORT WORTH, TEXAS 76116**

Amount of contribution (\$): **250.00**
In-kind contribution description (if applicable):
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8-21-12**
Full name of contributor: **FORT WORTH RETIRED FIREFIGHTERS
AND WIDOWS COMMITTEE FOR RESPONSIBLE
GOVERNMENT**
Contributor address: **1617 TIERNEY ROAD
FORT WORTH, TEXAS 76112**

Amount of contribution (\$): **1,000.00**
In-kind contribution description (if applicable):
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8.13.12**
Full name of contributor: **LINEBARGER GOGGAN BLAIR & SAMPSON, LLP**
Contributor address: **P.O. BOX 17428
AUSTIN, TEXAS 78760**

Amount of contribution (\$): **1,000.00**
In-kind contribution description (if applicable):
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8-13-12**
Full name of contributor: **PAULIK AND ASSOCIATES, L.P.**
Contributor address: **VILLAGE AT CAMP BOWIE
6115 CAMP BOWIE BLVD. STE 270
FORT WORTH, TEXAS 76116**

Amount of contribution (\$): **50.00**
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 for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

11 of 17

2 FILER NAME

Jungus JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-16-12

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

SCOTT E. POLIKOV

6 Contributor address; City; State; Zip Code
3000 BLACKBURN ST., APT. 401
DALLAS, TEXAS 75024

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8-17-12

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

FREESE AND NICHOLS PAC

Contributor address; City; State; Zip Code
4055 INTERNATIONAL PLAZA, STE 200
FORT WORTH, TEXAS 76109

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-18-12

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

DENNIS SHINGLETON

Contributor address; City; State; Zip Code
P.O. BOX 470336
FORT WORTH, TX 76147

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-20-12

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

TONYA VEASEY OPENCHANNELS

Contributor address; City; State; Zip Code
101 SUMMIT AVE
FORT WORTH, TEXAS 76110

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-20-12

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

STACEY L. JANDRUCKO

Contributor address; City; State; Zip Code
617 WESTWOOD AVENUE
FORT WORTH, TEXAS 76107

Amount of contribution (\$)

1,000.00

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 for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
12 of 17

2 FILER NAME
JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date: **8-20-12**
5 Full name of contributor: **J. D. JOHNSON**
6 Contributor address: **P.O. BOX 136021
FORT WORTH, TEXAS 76136**

7 Amount of contribution (\$): **100.00**
8 In-kind contribution description (if applicable):
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: **8.20.12**
Full name of contributor: **EDWARD P. BASS**
Contributor address: **201 MAIN STREET, SUITE 2700
FORT WORTH, TEXAS 76102**

Amount of contribution (\$): **2,500.00**
In-kind contribution description (if applicable):
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8-21-12**
Full name of contributor: **Col. DIETER W. SATZ**
Contributor address: **4305 MISTY MEADOW DRIVE
FORT WORTH, TEXAS 76133-7021**

Amount of contribution (\$): **40.00**
In-kind contribution description (if applicable):
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8-21-12**
Full name of contributor: **JAMES N. and GLORIA AUSTIN**
Contributor address: **2017 TEAKWOOD TRCE
FORT WORTH, TEXAS 76112**

Amount of contribution (\$): **75.00**
In-kind contribution description (if applicable):
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8-21-12**
Full name of contributor: **IVORY PIERCE**
Contributor address: **8016 DUSTY WAY
FORT WORTH, TEXAS 76123**

Amount of contribution (\$): **150.00**
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 for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
13 of 17

2 FILER NAME
JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date: **8-21-12**
5 Full name of contributor: **JAN E. FERSING**
6 Contributor address: **3800 TRAILWOOD LANE
FORT WORTH, TEXAS 76109**

7 Amount of contribution (\$): **100.00**
8 In-kind contribution description (if applicable):
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: **8-21-12**
Full name of contributor: **TREY HARRIS LAW FIRM**
Contributor address: **5001 S. HULEN ST, STE 102
FORT WORTH, TEXAS 76132**

Amount of contribution (\$): **250.00**
In-kind contribution description (if applicable):
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8-21-12**
Full name of contributor: **JENNIE N. TARABORELLI**
Contributor address: **2 CLUBVIEW COURT
THE WOODLANDS, TEXAS 77382**

Amount of contribution (\$): **500.00**
In-kind contribution description (if applicable):
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8-21-12**
Full name of contributor: **STEPHEN H. BERRY**
Contributor address: **1717 ASHLAND AVENUE
FORT WORTH, TEXAS 76107**

Amount of contribution (\$): **250.00**
In-kind contribution description (if applicable):
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8-21-12**
Full name of contributor: **JESSIE P. MARTINEZ**
Contributor address: **4262 CADIZ
FORT WORTH, TEXAS 76133**

Amount of contribution (\$): **25.00**
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 for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
14 of 17

2 FILER NAME
JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date: **8-21-12**
5 Full name of contributor: **CLARENCE and IVANNA WIESEPAPE**
6 Contributor address: **2648 COUNTRY CREEK LANE
FORT WORTH, TEXAS 76123**

7 Amount of contribution (\$): **100.00**
8 In-kind contribution description (if applicable):
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: **8-21-12**
Full name of contributor: **CLARENCE and IVANNA WIESEPAPE**
Contributor address: **2648 COUNTRY CREEK LANE
FORT WORTH, TEXAS 76123**

Amount of contribution (\$): **25.00**
In-kind contribution description (if applicable):
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8-21-12**
Full name of contributor: **WINSTON and DIXIE SEAMAN**
Contributor address: **7320 LEMDNWOOD LANE
FORT WORTH, TEXAS 76133**

Amount of contribution (\$): **40.00**
In-kind contribution description (if applicable):
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8-21-12**
Full name of contributor: **MARGARET W. DE MOSS**
Contributor address: **2600 W. 7th ST. # 2644
FORT WORTH, TEXAS 76107**

Amount of contribution (\$): **100.00**
In-kind contribution description (if applicable):
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8-21-12**
Full name of contributor: **BARBARA M. WILLIAMS**
Contributor address: **3500 LENOX DRIVE
FORT WORTH, TEXAS 76107**

Amount of contribution (\$): **50.00**
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 for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
15 of 17

2 FILER NAME
JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date
8-23-12

5 Full name of contributor out-of-state PAC (ID# _____)
GLEN and MARGARET ESTES

6 Contributor address; City; State; Zip Code
**6909 CHURCH PARK DRIVE
FORT WORTH, TEXAS 76133**

7 Amount of contribution (\$)
200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
8-23-12

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

Contributor address; City; State; Zip Code
**777 TAYLOR STREET, STE 1030
FORT WORTH, TEXAS 76102**

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8-25-12

Full name of contributor out-of-state PAC (ID# _____)
J. CHRIS and SALLY GAURAS

Contributor address; City; State; Zip Code
**2214 FRANKLIN DRIVE
ARLINGTON, TEXAS 76011**

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8-25-12

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

Contributor address; City; State; Zip Code
**3639 ENCANTO DRIVE
FORT WORTH, TEXAS 76109**

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8-27-12

Full name of contributor out-of-state PAC (ID# _____)
GARY W. TERRY

Contributor address; City; State; Zip Code
**117 SHADY LAKE COURT
HURST, TEXAS 76054**

Amount of contribution (\$)
100.00

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 for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

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2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8.28.12

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

CANTEY HANGER LLP

6 Contributor address; City; State; Zip Code
600 WEST 6TH STREET, SUITE 300
FORT WORTH, TEXAS 76102

7 Amount of contribution (\$)

1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8.28.12

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

JACKIE D. BEWLEY

Contributor address; City; State; Zip Code
2200 S. RIVERSIDE DRIVE
FORT WORTH, TEXAS 76104

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8.31.12

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

JIM LYNCH

Contributor address; City; State; Zip Code
4132 DEEP VALLEY DRIVE
DALLAS, TEXAS 75244

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8.31.12

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

J. ROGER WILLIAMS

Contributor address; City; State; Zip Code
P.O. BOX 1382
FORT WORTH, TEXAS 76101

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-1-12

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

BRAD HANCOCK

Contributor address; City; State; Zip Code
3825 LANDS END ST.
FORT WORTH, TEXAS 76109

Amount of contribution (\$)

25.00

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 for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A
17 of 17

2 FILER NAME
JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date
10-12-12

5 Full name of contributor out-of-state PAC (ID# _____)
ARNOLD and HARRIETTE GACHMAN

6 Contributor address; City; State; Zip Code
**1229 SHADY OAKS LANE
FORT WORTH, TEXAS 76107**

7 Amount of contribution (\$)
200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
9-5-12

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

Contributor address; City; State; Zip Code
**201 MAIN ST., STE 2200
FORT WORTH, TEXAS 76102**

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9-13-12

Full name of contributor out-of-state PAC (ID# _____)
MR. + MRS. ROBERT D. BROWN

Contributor address; City; State; Zip Code
**328 CHATEAU DRIVE
FORT WORTH, TEXAS 76134**

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10-7-12

Full name of contributor out-of-state PAC (ID# _____)
~~ROBERT D.~~ **RICHARD D. and CAROL MINKER**

Contributor address; City; State; Zip Code
**RICHARD
4258 ALTURA ROAD
FORT WORTH, TEXAS 76109**

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11-8-12

Full name of contributor out-of-state PAC (ID# _____)
DENISE C. and MIKE L. CUNNINGHAM

Contributor address; City; State; Zip Code
**401 MISTY RIDGE LANE
WEATHERFORD, TX 76085**

Amount of contribution (\$)
500.00

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 for additional 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 | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 8	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
--	--------------------------------------	--

4 Date 7-3-12	5 Payee name THE ROTARY CLUB OF FORT WORTH
-------------------------	--

6 Amount (\$) 250.⁰⁰	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) OTHER	(b) Description (If travel outside of Texas, complete Schedule T) SEMI ANNUAL DUES
--------------------------	--	--

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

Date 7-3-12	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) GIFT/AWARDS/MEMORIALS EXPENSE	Description (If travel outside of Texas, complete Schedule T) CHILDREN'S FUND CONTRIBUTION
------------------------	--	--

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

Date 7-9-12	Payee name CHARLESTON'S RESTAURANT
-----------------------	--

Amount (\$) 22. ¹⁹/_{XX}	Payee address; City; State; Zip Code 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 WITH CONSTITUENT
------------------------	--	--

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

Date 7-23-12	Payee name CHARLESTON'S RESTAURANT
------------------------	--

Amount (\$) 41.13	Payee address; City; State; Zip Code 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 WITH ADVISOR/CONSTITUENT
------------------------	--	--

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

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 |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| 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 8		2 FILER NAME JUNGUS JORDAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-14-12		5 Payee name JULIE'S FRESH KITCHEN			
6 Amount (\$) 74.81/XX		7 Payee address; City; State; Zip Code 6256 MCCART AVENUE FORT WORTH, TEXAS 76133			
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) BREAKFAST WITH NEIGHBORHOOD PATROL OFF.	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-17-12		Payee name CHARLESTON'S RESTAURANT			
Amount (\$) 51.85/XX		Payee address; City; State; Zip Code 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 WITH ADVISOR/CONSTITUENT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-21-12		Payee name DEVELOPING BOYS TO MEN, GREAT COMMISSION BAPTIST CHURCH			
Amount (\$) 20.00		Payee address; City; State; Zip Code 7700 MCCART AVENUE FORT WORTH, TEXAS 76133-7815			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) GIFT/AWARD/MEMORIALS		Description (If travel outside of Texas, complete Schedule T) Developing BOYS TO MEN EVENT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-28-12		Payee name BROOKSHIRE'S GROCERY STORE			
Amount (\$) 81.08/XX		Payee address; City; State; Zip Code 601 W. PALO PINTO WEATHER FORD, TEXAS 76132			
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) "JAM with Jungus" Advisory Board	
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 | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 8		2 FILER NAME JUNGUS JORDAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-28-12		5 Payee name McKINLEY'S FINE BAKERY and CAFE			
6 Amount (\$) 48.00		7 Payee address; City; State; Zip Code 1616 S. UNIVERSITY, STE. #301 FORT WORTH, TX 76107			
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) "JAVA with Jungus" Advisory Board	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-30-12		Payee name RED HOT AND BLUE RESTAURANT			
Amount (\$) 37.51 / XX		Payee address; City; State; Zip Code 3000 S. HULEN ST. #110 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 with Advisor/constituent	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-31-12		Payee name CHARLESTONS RESTAURANT			
Amount (\$) 34.69 / XX		Payee address; City; State; Zip Code 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 with CONSTITUENT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-2-12		Payee name THE EPPSTEIN GROUP			
Amount (\$) 3,130.97 / XY		Payee address; City; State; Zip Code 4055 INTERNATIONAL PLAZA, SUITE 600 FORT WORTH, TEXAS 76109			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) MAILING FOR FUND RAISER	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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 |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| 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 8	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9-14-12	5 Payee name JULIE'S FRESH KITCHEN
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6 Amount (\$) 63.42 / XX	7 Payee address; City; State; Zip Code 6256 McCART AVENUE FORT WORTH, TEXAS 76133
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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) BREAKFAST WITH CODE COMPLIANCE OFFICERS/NEIGHBORHOOD
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-19-12	Payee name THE BREAKFAST CLUB OF FORT WORTH
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Amount (\$) 97.00 / XX	Payee address; City; State; Zip Code 333 THROCKMORTON ST. #808 FORT WORTH, TEXAS 76102
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) QUARTERLY DUES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-20-12	Payee name PARIS COFFEE SHOP
------------------------	--

Amount (\$) 25.13 / XX	Payee address; City; State; Zip Code 704 W. MAGNOLIA FORT WORTH, TEXAS 76104
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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) BREAKFAST WITH CONSTITUENT / THE T
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-10-12	Payee name CHARLESTON'S RESTAURANT
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Amount (\$) 28.90	Payee address; City; State; Zip Code 3020 S. HULEN FORT WORTH, TEXAS 76109
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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 WITH CONSTITUENT/APPOINTEE
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| 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 8	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-12-12	5 Payee name CHARLESTON'S RESTAURANT	
6 Amount (\$) 26.19/XX	7 Payee address; City; State; Zip Code 3020 S. HULEN FORT WORTH, TEXAS 76109	
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 WITH ADVISOR
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-18-12	Payee name CHARLESTON'S RESTAURANT	
Amount (\$) 27.61/XX	Payee address; City; State; Zip Code 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 WITH Neighborhood Advisor
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-19-12	Payee name OL SOUTH PANCAKE HOUSE RESTAURANT	
Amount (\$) 24.29/XX	Payee address; City; State; Zip Code 1507 S. UNIVERSITY DRIVE 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) BREAKFAST with ADVISOR
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-22-12	Payee name CHARLESTON'S RESTAURANT	
Amount (\$) 41.19/XX	Payee address; City; State; Zip Code 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 with Legislative Advisor
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| 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: 6 of 8	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10-23-12	5 Payee name CHARLESTON'S RESTAURANT
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6 Amount (\$) 32.61/XX	7 Payee address; City; State; Zip Code 3020 S. HULEN FORT WORTH, TEXAS 76109
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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 WITH STAFF
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-29-12	Payee name CHARLESTON'S RESTAURANT
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Amount (\$) 59.42/XX	Payee address; City; State; Zip Code 3020 S. HULEN FORT WORTH, TEXAS 76109
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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 WITH CONSTITUENTS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-13-12	Payee name AMANO PARKING / GAYLORD TEXAN CONVENTION CENTER
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Amount (\$) 18.40	Payee address; City; State; Zip Code 1501 GAYLORD TRAIL GRAPEVINE, TEXAS 76051
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRANSPORTATION & RELATED EXP.	Description (If travel outside of Texas, complete Schedule T) PARKING AT T.M.L.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-19-12	Payee name CHARLESTON'S RESTAURANT
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Amount (\$) 72.79/XX	Payee address; City; State; Zip Code 3020 S. HULEN FORT WORTH, TEXAS 76109
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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 WITH STAFF ADVISORS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
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: 7 of 8	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11-20-12	5 Payee name OLD NEIGHBORHOOD GRILL	
6 Amount (\$) 23. ¹⁶ / _{XX}	7 Payee address; City; State; Zip Code 1633 PARK PLACE FORT WORTH, TEXAS 76110	
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 FOR POLICE OFF.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-24-12	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 DUES
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-30-12	Payee name ALBERTSON'S GROCERY STORE	
Amount (\$) 39. ³⁸ / _{XX}	Payee address; City; State; Zip Code 225 E. SPRING WEATHERFORD, TEXAS 76132	
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) "JAWA with JUNGUS" ADVISORY BOARD
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12-1-12	Payee name MOON DONUTS	
Amount (\$) 27. ⁰⁷ / _{XX}	Payee address; City; State; Zip Code 6901 MCCART AVENUE FORT WORTH, TEXAS 76133	
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) "JAWA with JUNGUS" ADVISORY BOARD
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| 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: 8 of 8	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12-12-12	5 Payee name CHARLESTON'S RESTAURANT	
6 Amount (\$) 35.85 XX	7 Payee address; City; State; Zip Code 3020 S. HULLEN FORT WORTH, TEXAS 76109	
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 WITH CONSTITUENTS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12-20-12	Payee name REATA RESTAURANT	
Amount (\$) 82.88 XX	Payee address; City; State; Zip Code 310 HOUSTON STREET 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) LUNCH TO DISCUSS LEGISLATIVE ISSUES / PROGRAMS
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

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