

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**CITY SECRETARY
FT. WORTH, TX**

**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:

7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

MR.

Jungus

F.

NICKNAME

LAST

SUFFIX

JORDAN

OFFICE USE ONLY

Date Received

RECEIVED JAN 14 2014

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5316 STARRY COURT

FORT WORTH, TEXAS 76123

change of address

Date Hand-delivered or Postmarked

Receipt #

Amount

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 343-2978

Date Processed

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

MRS.

ELAINE

NICKNAME

LAST

SUFFIX

PETRUS

Date Imaged

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

07 / 01 / 2013

12 / 31 / 2013

11 ELECTION

Month

ELECTION DATE

Day

Year

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

**CITY COUNCIL MEMBER
CITY OF FORT WORTH, TEXAS
DISTRICT 6**

13 OFFICE SOUGHT (if known)

GOTO PAGE 2

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

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

14 C/OH NAME Jungus F. Jordan **15 ACCOUNT # (Ethics Commission Filers)**

16 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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>500.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ _____
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,746.33</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>48,947.67</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ _____

18 AFFIDAVIT

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

Jungus 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, 2014, to certify which, witness my hand and seal of office.

Ronald P. Gonzales
Signature of officer administering oath

RONALD P. GONZALES
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	
2 FILER NAME JUNGUS JORDAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-2-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOLT HICKMAN	7 Amount of contribution (\$) 250.00	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 10-1-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL and ROSIE MONCRIEF	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 777 TAYLOR STREET, SUITE 1030 FORT WORTH, TEXAS 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS 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
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: 1 of 4	2 FILER NAME JUNGUS F. JORDAN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7-12-13	5 Payee name THE ROTARY CLUB OF FORT WORTH
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6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 306 WEST 7th Street, Suite 715 FORT WORTH, TEXAS 76102-4900
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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 MEMBERSHIP DUES
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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 7-18-13	Payee name COMBINED ARTS MEDIA
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Amount (\$) 200.00	Payee address; City; State; Zip Code P.O. BOX 171623 ARLINGTON, TX 76003-1623
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) WEB SITE HOSTING
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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 8-27-13	Payee name TEXAS Association of BLACK City Council MEMBERS, T.J. PATTERSON, SR.
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Amount (\$) 250.00	Payee address; City; State; Zip Code 1821 RUTHERFORD LANE, SUITE 400 AUSTIN, TEXAS 78754
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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) Scholarship FUND
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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 8-3-13	Payee name THE BREAKFAST CLUB OF FORT WORTH
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Amount (\$) 97.00	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) 2ND QUARTERLY DUES MEMBERSHIP
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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 4		2 FILER NAME JUNGUS F. JORDAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8-26-13		5 Payee name CHARLESTON'S RESTAURANT			
6 Amount (\$) 53.93 <i>XX</i>		7 Payee address; City; State; Zip Code 3020 SOUTH 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) MEET WITH LOCAL ADVISORS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-3-13		Payee name CHARLESTON'S RESTAURANT			
Amount (\$) 67.29		Payee address; City; State; Zip Code 3020 SOUTH 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) MEET WITH CONSTITUENTS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-16-13		Payee name SNOWBALL EXPRESS			
Amount (\$) 50.00		Payee address; City; State; Zip Code 6505 W. PARK BLVD., SUITE 306 PLANO, TX 75093			
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) SNOWBALL EXPRESS EVENT	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9-16-13		Payee name ALBERTSON'S			
Amount (\$) 36.19		Payee address; City; State; Zip Code 225 E. SPRING STREET WEATHERFORD, TEXAS 76182			
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) JAVA WITH JUNGUS	
Complete <u>ONLY</u> 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: 3 of 4	2 FILER NAME JUNGUS F. JORDAN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9-16-13	5 Payee name MOON DONUTS
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6 Amount (\$) 25.77	7 Payee address; City; State; Zip Code 6901 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) JAVA WITH JUNGUS
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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 10-14-13	Payee name REATA RESTAURANT
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Amount (\$) 37.15	Payee address; City; State; Zip Code 310 HOUSTON STREET FORT WORTH, TEXAS 76102
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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) MEET WITH ADVISOR
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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 11-30-13	Payee name AEROSPACE OPTIMIST CLUB
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Amount (\$) 110.00	Payee address; City; State; Zip Code P.O. BOX 33435 FORT WORTH, TEXAS 76162
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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) ANNUAL MEMBERSHIP 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 11-30-13	Payee name THE BREAKFAST CLUB OF FORT WORTH
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Amount (\$) 97.00	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) 3 rd QUARTER
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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)

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|---------------------|-------------------------------|----------------------------------|--|
| 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 4	2 FILER NAME JUNGUS F. JORDAN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12-31-13	5 Payee name THE ROTARY CLUB OF FORT WORTH
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6 Amount (\$) 250.⁰⁰	7 Payee address; City; State; Zip Code 306 WEST 7th STREET, SUITE 715 FORT WORTH, TEXAS 76102-4900
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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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-7-13	Payee name FORT WORTH AIR POWER FOUNDATION
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Amount (\$) 125.⁰⁰	Payee address; City; State; Zip Code 301 COMMERCE STREET, 2350 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) ANNUAL MEMBERSHIP DUES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-31-13	Payee name THE BREAKFAST CLUB OF FORT WORTH
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Amount (\$) 97.⁰⁰	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 HLY QTR
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> 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

472.⁰⁰