

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:** 10 of 5 / 5

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX

JUNGUS F.
JORDAN

OFFICE USE ONLY

Date Received

OFFICIAL RECORD
CITY SECRETARY
FORT WORTH, TEX

Date Hand Delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<input type="checkbox"/> Change of Address				

5316 STARRY COURT
FORT WORTH, TEXAS

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<input type="checkbox"/> Change of Address		

(817) 343-2978

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX

ELAINE
PETRUS

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<input type="checkbox"/> Change of Address				

3736 COUNTRY CLUB CIRCLE
FORT WORTH, TEXAS 76109

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<input type="checkbox"/> Change of Address		

(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

1 / 01 / 2008 THROUGH 06 / 30 / 2008

11 ELECTION	ELECTION DATE	ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special

5 / 12 / 2007

12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	DISTRICT 6 FORT WORTH City Council	

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

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

2015
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)

additional pages

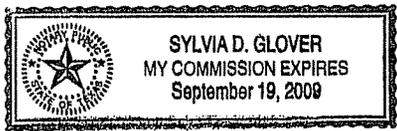
.. This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 943.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8095.99
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.



SYLVIA D. GLOVER
MY COMMISSION EXPIRES
September 19, 2009

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 July, 2008, to certify which, witness my hand and seal of office.

Sylvia Glover
Signature of officer administering oath

Sylvia Glover
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

3 of 5

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 1 of 3
2 FILER NAME JUNGUS F. JORDAN		3 ACCOUNT # (Ethics Commission filers)
4 Date JAN. 2 2008	5 Payee name ROTARY CLUB OF FORT WORTH 6 Payee address; City; State; Zip Code 306 W. 7TH SUITE 715 FORT WORTH, TEXAS 76102	7 Amount (\$) 200.00
8 Purpose of payment (See instructions regarding type of information required.) SEMI-ANNUAL MEMBERSHIP DUES (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date JAN 12 2008	Payee name MADELYN GIBBS Payee address; City; State; Zip Code 4601 FOX FIRE FORT WORTH, TEXAS 76133	Amount (\$) 84.96
Purpose of payment (See instructions regarding type of information required.) REFRESHMENTS FOR ADVISORY BOARD MEETING / COFFEE (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date JAN 24 2008	Payee name CHARLES BOSWELL FAREWELL PARTY Payee address; City; State; Zip Code 1000 THROCKMORTON FORT WORTH, TEXAS 76102	Amount (\$) 50.00
Purpose of payment (See instructions regarding type of information required.) FAREWELL PARTY FOR CITY MANAGER (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date Feb. 24 2008	Payee name BREAKFAST CLUB OF FORT WORTH Payee address; City; State; Zip Code 306 W 7TH, SUITE 800 FORT WORTH, TEXAS 76102	Amount (\$) \$ 105.00
Purpose of payment (See instructions regarding type of information required.) Quarterly MEMBERSHIP DUES (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

4 of 5

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2 of 3
2 FILER NAME JUNGUS F. JORDAN		3 ACCOUNT # (Ethics Commission filers)
4 Date APR 5 2005	5 Payee name CYNTHIA CALDWELL	7 Amount (\$) 51.92
6 Payee address; City; State; Zip Code 4613 GLADIOLA LANE FORT WORTH, TX 76123		
8 Purpose of payment (See instructions regarding type of information required.) REFRESHMENTS FOR ADVISORY GROUP COFFEE / MEETING (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date APR 28 2008	Payee name GLEN WHITLEY CAMPAIGN FUND	Amount (\$) 100.00
Payee address; City; State; Zip Code 345 CHARLESTON PLACE HURST, TEXAS 76054		
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN CONTRIBUTION (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held GLEN WHITLEY TARRANT COUNTY JUDGE
Date APR 28 2008	Payee name UNITY CLERGY and POLICE FUND	Amount (\$) 45.00
Payee address; City; State; Zip Code U-CAP 4100 STONEGATE BLVD. FORT WORTH, TEXAS 76109		
Purpose of payment (See instructions regarding type of information required.) AWARDS DINNER and FUND RAISER (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date MAY 30 2008	Payee name AT JT	Amount (\$) 201.70
Payee address; City; State; Zip Code P.O. BOX 630047 DALLAS, TEXAS 75263-0047		
Purpose of payment (See instructions regarding type of information required.) Cell phone and CAMPAIGN OFFICE PHONE (If travel outside of Texas, complete Schedule T) 817 343 2978 817 361 8460		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

398.62
838.58

POLITICAL EXPENDITURES

SCHEDULE F

5 of 5

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

2 FILER NAME **JUNGUS F. JORDAN** 3 ACCOUNT # (Ethics Commission filers)

4 Date MAY 30 2008	5 Payee name BREAKFAST CLUB OF FORT WORTH	7 Amount (\$) 105.00
6 Payee address; City; State; Zip Code 306 W. 7TH STREET FORT WORTH, TEXAS 76102		

8 Purpose of payment (See instructions regarding type of information required.) Quarterly DUES - (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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943.58