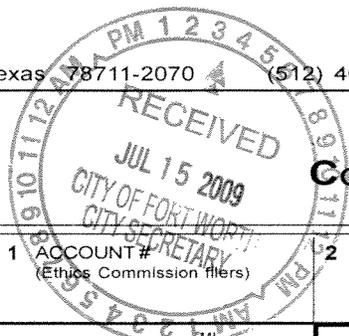


**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**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:

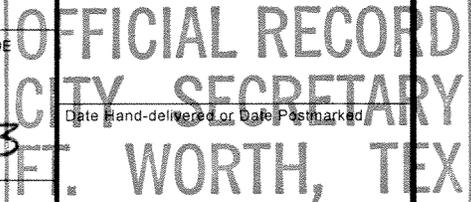
13

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX  
JUNGUS F.  
JORDAN

**OFFICE USE ONLY**

Date Received



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of Address

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

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 343-2978

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX  
MRS. ELAINE  
PETRUS

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
3736 COUNTRY CLUB CIRCLE  
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  
4 / 30 / 2009 THROUGH 6 / 30 / 2009

11 ELECTION

ELECTION DATE: Month Day Year  
ELECTION TYPE:  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any) FORT WORTH CITY COUNCIL DISTRICT 6 FORT WORTH, TEXAS 76102

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

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

Name

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

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME JUNGUS JORDAN 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		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	\$ 25.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,699.48
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 39,326.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 753.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25,000.00

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.

Jungus Jordan  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jungus Jordan, this the 15<sup>th</sup> day of July, 2009, 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: **8**

2 FILER NAME

**JUNGUS JORDAN**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**4-30-09**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**GREATER FORT WORTH REAL ESTATE  
COUNCIL (PAC)**

6 Contributor address; City; State; Zip Code  
**301 COMMERCE, STE 2400  
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

**5-1-09**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**BRONSON C. OR. CATHIE V. DAVIS**

Contributor address; City; State; Zip Code  
**7108 FALLING SPRINGS ROAD  
FORT WORTH, TEXAS 761**

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

**5-1-09**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**FRED OR STACY JANDRUCKO**

Contributor address; City; State; Zip Code  
**7000 HOLLOW OAK TRAIL  
MANSFIELD, TEXAS 76063**

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

**5-1-09**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Robert FERNANDEZ + LARRY WILSON**

Contributor address; City; State; Zip Code  
**2305 COLONIAL PARKWAY  
FORT WORTH, TEXAS 76109**

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

**5-1-09**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**RICHARD F. OR TERA M. GARVEY**

Contributor address; City; State; Zip Code  
**P.O. BOX 9600  
FORT WORTH, TEXAS 76147**

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 FORM 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: <b>8</b>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5-4-09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN E. and JANE LONG</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3315 BELLAIRE PARK CT. FORT WORTH, TEXAS 76109</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5-6-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CANTEY HANGAR LLP ATTORNEYS</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>600 WEST 6TH STREET SUITE 300 FORT WORTH TX 76102</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-6-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHESAPEAKE ENERGY FOR TEXANS PAC</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. BOX 916 FORT WORTH, TEXAS 76101</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-6-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GARY W. + JANE ELLEN CUMBIE</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>400 WILLOW RIDGE ROAD FORT WORTH, TEXAS 76103</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-6-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DR. + MRS. NORMAN R. REMLEY</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>9217 OLD CLYDESDALE DRIVE FORT WORTH, TEXAS 76123</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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2 of 8  
4/2/12

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>8</b>	
2 FILER NAME <b>JUNGUS JORDAN</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5-6-09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAMES E. and SARITA DOHERTY</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>7951 OCEAN DRIVE FORT WORTH, TEXAS 76123</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5-4-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHARLES W. or DIANNE R. NIXON</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>104 CRESTWOOD DRIVE FORT WORTH, TEXAS 76107</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-6-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WAYLON B. + BETTY J. KIRK</b>	Amount of contribution (\$) <b>25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3520 WHARTON DRIVE FORT WORTH, TEXAS 76133</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-6-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARTHA V. LEONARD</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1411 SHADY OAKS LANE FORT WORTH, TEXAS</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-6-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HAMMER AND NAILS CLUB</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6464 BRENTWOOD STAIR ROAD, STE 100 FORT WORTH, TEXAS 76112</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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3 of 8  
- 13

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>8</b>	
2 FILER NAME <b>JUNGUS JORDAN</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5-2-09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>EDWARD P. BASS</b>	7 Amount of contribution (\$) <b>1,000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>201 MAIN STREET, SUITE 2700 FORT WORTH, TEXAS 76102</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5-8-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Q PAC</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>301 COMMERCE, SUITE 3200 FORT WORTH, TEXAS 76102</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-7-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LINEBARGER, GOGGAN BLAIR &amp; SAMPSON</b>	Amount of contribution (\$) <b>3,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>ATTORNEYS AT LAW P.O. BOX 17429 AUSTIN, TEXAS 78760</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-8-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHAEL K. BERRY</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6217 GENOA FORT WORTH, TEXAS 76116</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-8-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JUDY NEEDHAM</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5328 COLLINWOOD AVE. FORT WORTH, TEXAS 76107</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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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:

8

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5-9-09

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

KARL KOMATSU

6 Contributor address; City; State; Zip Code

3905 LENOX DRIVE  
FORT WORTH, TEXAS 76107

7 Amount of contribution (\$)

100.<sup>00</sup>

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

5-9-09

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

XTO ENERGY PAC

Contributor address; City; State; Zip Code

810 HOUSTON STREET  
FORT WORTH, TEXAS 76102

Amount of contribution (\$)

500.<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-11-09

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

R. DENNY ALEXANDER

Contributor address; City; State; Zip Code

4200 S. HULEN ST., SUITE 617  
FORT WORTH, TEXAS 76109

Amount of contribution (\$)

500.<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-11-09

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

A. W. (AL) DIRNBERGER

Contributor address; City; State; Zip Code

P.O. BOX 970  
FORT WORTH, TEXAS 76101

Amount of contribution (\$)

50.<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-8-09

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

MR. & MRS. JOHN V. ROACH II

Contributor address; City; State; Zip Code

2805 ALTON ROAD  
FORT WORTH, TEXAS 76109

Amount of contribution (\$)

250.<sup>00</sup>

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 FORM 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: <b>6 of 8</b>	
2 FILER NAME <b>JUNGUS JORDAN</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5-12-09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MARY PALKO</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2409 WINTON TERRACE WEST FORT WORTH, TEXAS 76109-1159</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5-12-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>VERNON W. &amp; NANCY M. BRYANT</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1712 CARLETON FORT WORTH, TEXAS 76107</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-12-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>H. R. PEROT, JR.</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P. O. BOX 269014 PLANO, TEXAS 75026-9014</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-15-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>FORT WORTH FIRE FIGHTERS COMMITTEE FOR RESPONSIBLE GOVERNMENT</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>417 N. RETTA ST. FORT WORTH, TEXAS 76111-4002</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-29-09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>FREESE AND NICHOLS PAC</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4055 INTERNATIONAL PLAZA, STE. 200 FORT WORTH, TEXAS 76109</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM 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: <span style="float:right">7 of 8</span>	
2 FILER NAME <span style="font-size: 1.2em;">JUNGUS JORDAN</span>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <span style="font-size: 1.2em;">6-2-09</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Tom STRUHS and ELIZABETH Falconer</span>	7 Amount of contribution (\$) <span style="font-size: 1.2em;">250.00</span>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">2801 BLEDSOE ST. FORT WORTH, TEXAS 76107</span>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <span style="font-size: 1.2em;">6-5-09</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">ANNE T. BASS and Robert M. BASS</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">1,000.00</span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">201 MAIN STREET FORT WORTH, TEXAS</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">6-8-09</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">KAY GRANGER CAMPAIGN FUND</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">500.00</span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">715 JONES ST, Suite 100 FORT WORTH, TEXAS 76102</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">6-10-09</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">BETSY and Tom PRICE</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">50.00</span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">3908 SUMMERCREST DRIVE FORT WORTH, TEXAS 76109</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <span style="font-size: 1.2em;">6-29-09</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">CH 2M HILL TEXAS PAC</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">250.00</span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">12377 MERIT DRIVE, 10TH FLOOR DALLAS, TEXAS 75251</span>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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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: <b>8 of 8</b>	
2 FILER NAME <b>JUNGUS JORDAN</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>MAY 9 2009</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>COMMITTEE FOR PUBLIC SAFETY PAC</b>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <b>3,824.24</b>
6 Contributor address; City; State; Zip Code <b>904 COLLIER STREET FORT WORTH, TEXAS 76102</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>DIRECT MAIL PIECE</b>		10 Employer (See Instructions)	
Date <b>MAY 9 2009</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>RETIRED FIRE FIGHTER'S &amp; WIDOWS PAC COMMITTEE FOR RESPONSIBLE GOVERNMENT</b>	Amount of contribution (\$) <b>1,200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1617 TIERNEY ROAD FORT WORTH, TEXAS 76112</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>ELECTION DAY POLL WATCHERS</b>		Employer (See Instructions)	
Date <b>MAY 9 2009</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>FORT WORTH FIREFIGHTERS COMMITTEE FOR RESPONSIBLE GOVERNMENT</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>1,200.24</b>
Contributor address; City; State; Zip Code <b>417 N. RETTA ST. FORT WORTH, TEXAS 76111-4002</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>LABOR &amp; CAMPAIGN MATERIALS</b>		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 FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>JUNGUS JORDAN</b>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
5 Date of loan <b>6-29-09</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ELAINE PETRUS</b>	9 Loan Amount (\$) <b>25,000</b>
6 Is lender a financial Institution? <b>Y</b> <input checked="" type="radio"/> <b>N</b>	8 Lender address;    City;    State;    Zip Code <b>3736 COUNTRY CLUB CIRCLE FORT WORTH, TEXAS 76109</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	16 Name of guarantor  ..... 17 Guarantor address;    City;    State;    Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? <b>Y</b> <b>N</b>	Lender address;    City;    State;    Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission filers)

4 Date  
MAY  
2  
2009

5 Payee name  
THE BREAKFAST CLUB OF FORT WORTH  
6 Payee address; City; State; Zip Code  
201 NORTH HAMPTON STREET  
FORT WORTH, TEXAS 76102

7 Amount (\$)  
105.00

8 Purpose of payment (See instructions regarding type of information required.)  
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  
MAY  
4  
2009

Payee name  
THE ELECTION GROUP, LLC  
Payee address; City; State; Zip Code  
4055 INTERNATIONAL PLAZA, SUITE 600  
FORT WORTH, TEXAS 76109

Amount (\$)  
11,200.00

Purpose of payment (See instructions regarding type of information required.) MAY 2009 CONSULTING SERVICES, ADVERTISING ITEM, ADVOCACY PHONE CALLS, CAMPAIGN MATERIALS  
(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  
5  
2009

Payee name  
THE ELECTION GROUP, LLC  
Payee address; City; State; Zip Code  
4055 INTERNATIONAL PLAZA, SUITE 600  
FORT WORTH, TEXAS 76109

Amount (\$)  
10,853.59

Purpose of payment (See instructions regarding type of information required.) MATERIAL FOR CAMPAIGN POSTAGE MAILING SERVICES, RECORDED PHONE MESSAGE PHONE LISTS  
(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  
9  
2009

Payee name  
COUSIN'S BAR B QUE  
Payee address; City; State; Zip Code  
6262 MC CART  
FORT WORTH, TEXAS 76133

Amount (\$)  
350.00

Purpose of payment (See instructions regarding type of information required.) ELECTION NIGHT WATCH PARTY REFRESHMENTS  
(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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

MAY  
12  
2009

THE ELECTION GROUP, LLC

6 Payee address; City; State; Zip Code

4055 INTERNATIONAL PLAZA, SUITE 600  
FORT WORTH, TEXAS 76109

6,367.66

8 Purpose of payment (See instructions regarding type of information required.)  
DOOR HANGARS, PRINTING SERVICES, POSTAGE, PHOTOGRAPHY, PHONE MESSAGING  
(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Amount (\$)

MAY  
12  
2009

THE ELECTION GROUP, LLC

Payee address; City; State; Zip Code

4055 INTERNATIONAL PLAZA, SUITE 600  
FORT WORTH, TEXAS 76109

10,000.00

Purpose of payment (See instructions regarding type of information required.)  
CAMPAIGN CONSULTING SERVICES / WINNING BONUS  
(If travel outside of Texas, complete Schedule T)

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

Date

Payee name

Amount (\$)

MAY  
20  
2009

KAY GRANGER CAMPAIGN FUND

Payee address; City; State; Zip Code

715 JONES STREET, SUITE 100  
FORT WORTH, TEXAS 76102

250.00

Purpose of payment (See instructions regarding type of information required.)  
WOMEN'S SUMMIT TABLE 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

Date

Payee name

Amount (\$)

JUNE  
20  
2009

COMBINED ARTS MEDIA

Payee address; City; State; Zip Code

P.O. Box 171623  
ARLINGTON, TEXAS 76003-1623

200.00

Purpose of payment (See instructions regarding type of information required.)  
WEBSITE HOSTING  
(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