

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

RECEIVED  
JUL 15 2010

**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:

14

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

MR

JUNGUS

F.

NICKNAME

LAST

SUFFIX

JORDAN

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5316 STARRY COURT

FORT WORTH, TEXAS 76123

Change of Address

OFFICIAL RECORD  
CITY SECRETARY  
FORT WORTH, TEX

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

1 / 1 / 2010

6 / 30 / 2010

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

CITY COUNCIL MEMBER  
DISTRICT 6, CITY OF FORT WORTH

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

**10,275**

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

**10,680.69**

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

**2308.44**

OUTSTANDING LOAN TOTALS

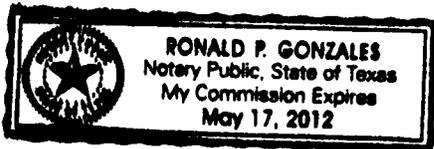
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

**0**

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Jungus Jordan*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jungus Jordan, this the 15<sup>th</sup> day of July, 20 1010, 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: <span style="font-size: 1.5em; font-weight: bold;">1 OF 7</span>	
2 FILER NAME <span style="font-size: 1.2em; font-weight: bold;">JUNGUS JORDAN</span>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <span style="font-size: 1.2em; font-weight: bold;">4/28/10</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em; font-weight: bold;">PRESTON &amp; Colleen GEREN</span>	7 Amount of contribution (\$) <span style="font-size: 1.2em; font-weight: bold;">100.00</span>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em; font-weight: bold;">4200 So. HULEN SUITE 619 FORT WORTH, TEXAS 76109</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; font-weight: bold;">4/28/10</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em; font-weight: bold;">DR. and MRS. NORMAN R. REMLEY</span>	Amount of contribution (\$) <span style="font-size: 1.2em; font-weight: bold;">50.00</span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em; font-weight: bold;">9217 OLD CLYDESDALE DRIVE FORT WORTH, TEXAS 76123</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; font-weight: bold;">4/29/10</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em; font-weight: bold;">PSEL PAC</span>	Amount of contribution (\$) <span style="font-size: 1.2em; font-weight: bold;">500.00</span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em; font-weight: bold;">201 MAIN STREET, SUITE 2500 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; font-weight: bold;">4/29/10</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em; font-weight: bold;">FORT WORTH RETIRED FIREFIGHTERS AND WIDOWS COMMITTEE FOR RESPONSIBLE GOVERNMENT</span>	Amount of contribution (\$) <span style="font-size: 1.2em; font-weight: bold;">500.00</span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em; font-weight: bold;">1617 TIERNEY ROAD FORT WORTH, TEXAS 76112</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; font-weight: bold;">4/29/10</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em; font-weight: bold;">GOOD GOVERNMENT FUND</span>	Amount of contribution (\$) <span style="font-size: 1.2em; font-weight: bold;">500.00</span>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <span style="font-size: 1.2em; font-weight: bold;">201 MAIN STREET, SUITE 2500 FORT WORTH, TEXAS 76102</span>		(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 7**

2 FILER NAME **JUNGUS JORDAN** 3 ACCOUNT # (Ethics Commission Filers)

4 Date <b>4/29/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JAMES LYNCH</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>4132 DEEP VALLEY DRIVE DALLAS, TEXAS 75244</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <b>4/30/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MR. + MRS. JOHN ROACH</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2805 ALTON ROAD FORT WORTH, TEXAS 7609</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>4/30/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>LUTHA M. JONES</b>	Amount of contribution (\$) <b>25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>312 FRANCISCAN DRIVE FORT WORTH, TEXAS 76134</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>4/30/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>G. MALCOLM LOUDEN</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>500 W. 7th STREET, Unit 27, STE 1007 FORT WORTH, TEXAS 76102</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>5/1/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>J.C. and SALLY GAURAS</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2214 FRANKLIN DRIVE ARLINGTON, TEXAS 76011</b>		(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: **3 OF 7**

2 FILER NAME

**JUNGUS JORDAN**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**5/2/10**

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

**MARTHA V. LEONARD**

6 Contributor address; City; State; Zip Code

**1411 SHADY OAKS LANE  
FORT WORTH, TEXAS 76107**

7 Amount of contribution (\$)

**250.<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

**5/3/10**

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

**STACEY L. JANDRUCKO**

Contributor address; City; State; Zip Code

**7000 HOLLOW OAK TRAK  
MANSFIELD, TEXAS**

Amount of contribution (\$)

**1,000.<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

**5/3/10**

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

**MICHAEL and MAUREEN HARRIS**

Contributor address; City; State; Zip Code

**5404 SHASTA RIDGE CT.  
FORT WORTH, TEXAS 76123**

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

**5/3/10**

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

**CAROL & JAMES R. DUNAWAY**

Contributor address; City; State; Zip Code

**777 TAYLOR ST., STE 1040  
FORT WORTH, TEXAS 76102**

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)

Date

**5/3/10**

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

**WILLIAM and LUCY CONLEY**

Contributor address; City; State; Zip Code

**2900 6TH AVENUE  
FORT WORTH, TEXAS 76110**

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)

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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: **4 OF 7**

2 FILER NAME  
**JUNGUS JORDAN**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**5-4-10**

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

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

**200.00**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**5-5-10**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**R. E. BOLEN**

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**4213 CANDLEWIND LANE  
FORT WORTH, TEXAS 76133**

**100.00**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**5-5-10**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**M. L. & L.A. MOSKOWITZ**

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**7137 WIND CHIME DRIVE  
FORT WORTH, TEXAS 76133**

**50.00**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**5-5-10**

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
~~3724 WIND CHIME DRIVE~~ **4223 ALTA MESA  
FORT WORTH, TEXAS 76133**

**250.00**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**5-7-10**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**FORT WORTH FIRE FIGHTERS Committee for**

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**RESPONSIBLE GOVERNMENT  
3855 TULSA WAY  
FORT WORTH, TEXAS 76107**

**1,000.00**

(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:  
**5 of 7**

2 FILER NAME  
**JUNGUS JORDAN**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**5/10/10**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**MR. & MRS. ROBERT D. BROWN**  
6 Contributor address; City; State; Zip Code  
**328 CHATEAU DRIVE  
FORT WORTH, TEXAS 76134**

7 Amount of contribution (\$) **100.00**  
(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**5/10/10**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**TIMOTHY H. FLEET**  
Contributor address; City; State; Zip Code  
**3045 LACKLAND ROAD  
FORT WORTH, TEXAS 76116**

Amount of contribution (\$) **1,000.00**  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**5/10/10**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**WINSTON & DIXIE SEAMAN**  
Contributor address; City; State; Zip Code  
**7320 LEMONWOOD LANE  
FORT WORTH, TEXAS 76133**

Amount of contribution (\$) **50.00**  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**5/10/10**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**E. SCOTT POLIKOV**  
Contributor address; City; State; Zip Code  
**2105 WESTERN AVENUE  
FORT WORTH, TEXAS 76107**

Amount of contribution (\$) **500.00**  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**5/10/10**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**TONYA VEASEY**  
Contributor address; City; State; Zip Code  
**P. O. Box 11296  
FORT WORTH, TEXAS 76110**

Amount of contribution (\$) **250.00**  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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: **6 of 7**

2 FILER NAME

**JUNGUS JORDAN**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**5/11/10**

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

**ANTHONY A. STUTTS**

6 Contributor address; City; State; Zip Code

**8008 DUSTY WAY  
FORT WORTH, TEXAS 76123**

7 Amount of contribution (\$)

**50.00**

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

**5/11/10**

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

**GERALDINE UTSEY**

Contributor address; City; State; Zip Code

**6126 WOODGARDEW LANE  
FORT WORTH, TEXAS 76132**

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

**5/13/10**

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 (\$)

**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

**5/11/10**

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

**5/5/10**

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

**J.L. OR V. WILLIAMS**

Contributor address; City; State; Zip Code

**4308 CARTAGNEA 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)

**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: **7 OF 7**

2 FILER NAME **JUNGUS JORDAN** 3 ACCOUNT # (Ethics Commission Filers)

4 Date <b>5-16-10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>H. L. AND MADELYN R. GIBBS</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>4601 FOXFIRE WAY FORT WORTH, TEXAS 76133</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <b>5-14-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>PATSY LUTHER CANTRELL</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4954 FM 1187 BOX 277 CRESSON, TEXAS 76035</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>5-17-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JAMES R. TOAC</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>341 NURSERY LANE FORT WORTH, TEXAS 7614</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>6-18-10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>MARILYN F. OR Michael K. BERRY</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6217 GENDA ROAD FORT WORTH, TEXAS 76116</b>		(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: <b>1 of 5</b>	2 FILER NAME <b>JUNGUS JORDAN</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>1-4-2010</b>	5 Payee name <b>THE ROTARY CLUB OF FORT WORTH</b>
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6 Amount (\$) <b>225.00</b>	7 Payee address; City; State; Zip Code <b>306 West 7th, STE. 715 FORT WORTH, TEXAS 76102-4900</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Other</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Dues - JAN. 1 to June 30</b>
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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 <b>1-4-2010</b>	Payee name <b>THE ROTARY CLUB OF FORT WORTH - CHILDREN'S FUND</b>
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Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>306 West 7th, STE 715 FORT WORTH, TEXAS 76102 4900</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>GIFT/AWARDS/MEMORIALS EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>CHARITABLE GIFT</b>
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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 <b>3-8-2010</b>	Payee name <b>JAMIE Phillips -</b>
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Amount (\$) <b>67.59</b>	Payee address; City; State; Zip Code <b>329 CROCKETT STREET FORT WORTH, TEXAS 76107</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food/BEVERAGE Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Reimburse for Advisory Meeting</b>
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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 <b>3-24-2010</b>	Payee name <b>CHARLESTON'S RESTAURANT</b>
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Amount (\$) <b>28.28</b>	Payee address; City; State; Zip Code <b>3020 S. HULEW FORT WORTH, TEXAS 76109</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FOOD/BEVERAGE EXPENSE</b>	Description (If travel outside of Texas, complete Schedule 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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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 5		2 FILER NAME JUNGUS JORDAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-29-2010		5 Payee name REATA RESTAURANT			
6 Amount (\$) 28. <sup>00</sup>		7 Payee address; City; State; Zip Code 310 HOUSTON STREET FORT WORTH, TEXAS 76102			
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)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-1-2010		Payee name LONGHORN COUNCIL - Boy Scouts of America			
Amount (\$) 100. <sup>00</sup>		Payee address; City; State; Zip Code P.O. BOX 54190 HURST, TEXAS 76054-0190			
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) CHARITABLE GIFT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-1-2010		Payee name THE BREAKFAST CLUB OF FORT WORTH			
Amount (\$) 97. <sup>00</sup>		Payee address; City; State; Zip Code 333 THROCKMORTON ST. #808 FORT WORTH, TEXAS 76102			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other		Description (If travel outside of Texas, complete Schedule T) DUES - QUARTERLY	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4-22-2010		Payee name KASEY PIPES			
Amount (\$) 1,000. <sup>00</sup>		Payee address; City; State; Zip Code 3580 West 4th STREET FORT WORTH, TEXAS 76107			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONSULTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) SPEECH TUTORING	
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: <b>3 of 5</b>	2 FILER NAME <b>JUNGUS JORDAN</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>4-21-2010</b>	5 Payee name <b>RISE AND SHINE RESTAURANT</b>
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6 Amount (\$) <b>63.35</b>	7 Payee address; City; State; Zip Code <b>3636 ALTA MESA BLVD. FORT WORTH, TEXAS 76133</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>FOOD / BEVERAGE EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T)
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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 <b>4-29-2010</b>	Payee name <b>RISE AND SHINE RESTAURANT</b>
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Amount (\$) <b>69.50</b>	Payee address; City; State; Zip Code <b>3636 ALTA MESA BLVD FORT WORTH, TEXAS 76133</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FOOD / BEVERAGE EXPENSE</b>	Description (If travel outside of Texas, complete Schedule 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 <b>5-4-2010</b>	Payee name <b>JIM LANE CAMPAIGN</b>
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Amount (\$) <b>200.00</b>	Payee address; City; State; Zip Code <b>204 WEST CENTRAL AVENUE FORT WORTH, TEXAS 76164</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CONTRIBUTIONS / DONATIONS MADE CANDIDATE / OFFICE HOLDER</b>	Description (If travel outside of Texas, complete Schedule T) <b>RE-ELECTION CAMPAIGN</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>JIM LANE</b>	Office sought <b>TARRANT REGIONAL WATER DISTRICT BOARD</b>	Office held
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Date <b>5-13-2010</b>	Payee name <b>DON DOYLE Reimburse Deposit For WHITE STONE GOLF COURSE</b>
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Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>3724 WILKIE WAY FORT WORTH, TEXAS 76133</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>Reserve GOLF COURSE</b>
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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: <b>4 of 5</b>		2 FILER NAME <b>JUNGUS JORDAN</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>5-17-2010</b>		5 Payee name <b>JAMIE PHILLIPS</b>			
6 Amount (\$) <b>67.49</b>		7 Payee address; City; State; Zip Code <b>329 CROCKETT FORT WORTH, TEXAS 76107</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>FOOD/BEVERAGE EXPENSE</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Reimburse for Advisory Meeting</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5-18-2010</b>		Payee name <b>GLORIA'S <del>RESTAURANT</del> RESTAURANT</b>			
Amount (\$) <b>28.33</b>		Payee address; City; State; Zip Code <b>2600 West 7th Street FORT WORTH, TEXAS 76107</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>FOOD/BEVERAGE EXPENSE</b>		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 <b>5-24-2010</b>		Payee name <b>THE BREAKFAST CLUB OF FORT WORTH</b>			
Amount (\$) <b>97.00</b>		Payee address; City; State; Zip Code <b>333 THROCKMORTON ST. SUITE 808 FORT WORTH, TEXAS 76102</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>OTHER</b>		Description (If travel outside of Texas, complete Schedule T) <b>MEMBERSHIP Dues - QTR.</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5-28-2010</b>		Payee name <b>CHARLESTON'S RESTAURANT</b>			
Amount (\$) <b>42.38</b>		Payee address; City; State; Zip Code <b>3020 S. HULEN FORT WORTH, TEXAS 76109</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>FOOD/BEVERAGE EXPENSE</b>		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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**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.

<b>1</b> Total pages Schedule F: 5 of 5	<b>2</b> FILER NAME JUNGHUS JORDAN	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 6-1-2010	<b>5</b> Payee name THE ELECTION GROUP	
<b>6</b> Amount (\$) 1,366.71	<b>7</b> Payee address; City; State; Zip Code 4055 INTERNATIONAL PLAZA, SUITE 600 FORT WORTH, TEXAS 76109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) PRINTING / MAILING EXPENSE	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) INVITATIONS FOR FUNDRAISER
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 6-1-2010	Payee name ELAINE PETRUS	
Amount (\$) 7,000	Payee address; City; State; Zip Code 3736 COUNTRY CLUB FORT WORTH, TEXAS 76109	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) LOAN REPAYMENT/REIMBURSEMENT	Description (If travel outside of Texas, complete Schedule T) REPAY LOAN
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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