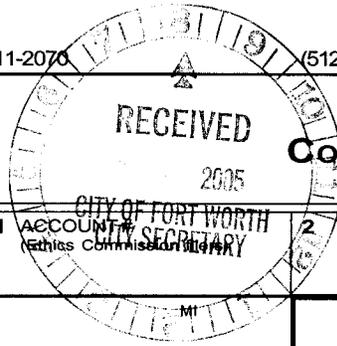


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**



The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT NUMBER (Ethics Commission File #)

2 Total pages filed:
16

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Jungus F.
NICKNAME LAST SUFFIX
Jordan

OFFICE USE ONLY

Date Received

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX**

Date Received / Date Processed / Date Imaged

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
5316 Starry Ct.
Fort Worth, Texas 76123

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 343-2978

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Elaine
NICKNAME LAST SUFFIX
Petrus

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
7328 Old Mill Run
Fort Worth, Texas 76133

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 294-8898

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
6 / 02 / 2005 6 / 30 / 2005

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
6 / 11 / 2005

12 OFFICE

OFFICE HELD (if any)
Fort Worth City Council, Dist 6

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 additional pages

** 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

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 expenditures 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

additional pages

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

\$

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

\$ 21854.31

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 27886.23

CONTRIBUTION BALANCE

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

\$ 5628.19

OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Jungus F. Jordan
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jungus F. Jordan, this the 15th day of July, 20 05, to certify which, witness my hand and seal of office.

Marty Hendrix
Signature of officer administering oath

Marty Hendrix
Printed name of officer administering oath

Notary Public
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: 11	
2 FILER NAME Jungus Jordan		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/3/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deanna Boaz	7 Amount of contribution (\$) \$1000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5104 Yampa Tr Fort Worth TX 76137			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/3/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk & Jody Miller	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4829 River View Dr Fort Worth TX 76132			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William W & Andrea Cowan, Jr.	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1105 Hidden Rd Fort Worth TX 76107			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Walsh	Amount of contribution (\$) \$1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8240 I-20 Fort Worth TX 76108			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Finley	Amount of contribution (\$) \$1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1308 Lake St #200 Fort Worth TX 76102			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Jungus Jordan		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/3/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isabelle Brown Hulsey 6 Contributor address; City; State; Zip Code 801 Hillcrest Fort Worth TX 76107	7 Amount of contribution (\$) \$40	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/3/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Toal Contributor address; City; State; Zip Code 341 Nursery Lane Fort Worth TX 76114	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston & Colleen Geren Contributor address; City; State; Zip Code 4200 S Hulen Ste 619 Fort Worth TX 76109	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J Robert Green Contributor address; City; State; Zip Code 500 W 7th Fort Worth TX 76102	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malcolm Louden Contributor address; City; State; Zip Code 500 W. 7th St. Ste. 1007 Fort Worth TX 76102	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
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: 11	
2 FILER NAME Jungus Jordan		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/3/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Howard Walsh 6 Contributor address; City; State; Zip Code 500 W. 7th St. Ste. 1007 Fort Worth TX 76102	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/3/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Good Govt Fund Contributor address; City; State; Zip Code 201 Main St Fort Worth TX 76102	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PSEL PAC Contributor address; City; State; Zip Code 201 Main St Fort Worth TX 76102	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Fry Contributor address; City; State; Zip Code 5505 Scott Drive N. Richland Hills TX 76180	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice Tilley Contributor address; City; State; Zip Code 1600 W 7th St Ste 500 Fort Worth TX 76102	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
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: 11	
2 FILER NAME Jungus Jordan		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/3/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley Garvey	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Box 9600 Fort Worth TX 76147			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/3/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betsy Pepper	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9379 Dickson Rd Fort Worth TX 76179			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/4/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Bradshaw	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4613 Briarhaven Rd Fort Worth TX 76109			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/5/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray McBride	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P O Box 1199 Fort Worth TX 76101			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/6/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W. C. Arnold	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2412 Colonial Parkway Fort Worth TX 76109			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Jungus Jordan		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/6/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David T. Gill 6 Contributor address; City; State; Zip Code 216 Pecan Hollow Dr Coppell TX 75019	7 Amount of contribution (\$) \$50	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/6/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed Pigman, Jr. Contributor address; City; State; Zip Code 200 Texas Way Fort Worth TX 76106	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/6/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bronson C. Davis Contributor address; City; State; Zip Code 7108 Falling Springs Rd Fort Worth TX 76116	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/6/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos M. Delatorre Contributor address; City; State; Zip Code 2300 Autumn Oaks Trail Arlington TX 76006	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/6/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steffen Palko Contributor address; City; State; Zip Code 777 Main Street Fort Worth TX 76102	Amount of contribution (\$) \$150	In-kind contribution description (if applicable)
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: 11	
2 FILER NAME Jungus Jordan		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/6/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Pacific Realty Partners, LP 6 Contributor address; City; State; Zip Code P O Box 470889 Fort Worth TX 76147	7 Amount of contribution (\$) \$1000	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/6/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melinda Gossage Contributor address; City; State; Zip Code 8920 Crest Wood Fort Worth TX 76179	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/6/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas L. Krampitz Contributor address; City; State; Zip Code 1210 Nueces St No 200 Austin TX 78701	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/6/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll and Connie Meredith Contributor address; City; State; Zip Code 5524 Byers Avenue Fort Worth TX 76107	Amount of contribution (\$) \$1000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/6/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patsy Cantrell Contributor address; City; State; Zip Code 4954 FM 1187 Box 277 Cresson TX 76035	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
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: 11	
2 FILER NAME Jungus Jordan		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/6/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary G. Palko 6 Contributor address; City; State; Zip Code 2409 Winton Ter W Fort Worth TX 76109	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/6/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Half Associates State PAC Contributor address; City; State; Zip Code 8616 Northwest Plaza Dr Dallas TX 75225	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/6/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Stevenson Contributor address; City; State; Zip Code 1207 Hillcrest St Fort Worth TX 76107	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/6/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. John R. Stevenson Contributor address; City; State; Zip Code 1200 Broad Avenue Fort Worth TX 76107	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/6/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John R. Clay Contributor address; City; State; Zip Code 2617 Mockingbird Ct Fort Worth TX 76109	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Jungus Jordan		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/6/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas F. Darden	7 Amount of contribution (\$) \$150	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 777 W Rosedale Ste 300 Fort Worth TX 76104			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/6/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynne Manny	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2428 Winton Terrace East Fort Worth TX 76109			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/6/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade T. Nowlin	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 510 Hazelwood Dr Fort Worth TX 76107			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/6/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Earle A. Shields, Jr.	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 53 Westover Ter Fort Worth TX 76107			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/6/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H. R. Perot, Jr.	Amount of contribution (\$) \$1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P O Box 269014 Plano TX 75026			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Jungus Jordan		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/6/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C. W. Jenkins, III 6 Contributor address; City; State; Zip Code 1104 Montreau Ct Arlington TX 76012	7 Amount of contribution (\$) \$200	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/6/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas J. Williams Contributor address; City; State; Zip Code 4408 Ranch View Rd Fort Worth TX 76109	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/7/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David M. Porter Contributor address; City; State; Zip Code 2121 San Jacinto St Ste 2900 Dallas TX 75201	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/7/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherry Cozby Contributor address; City; State; Zip Code 111 Rivercrest Dr Fort Worth TX 76107	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/8/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucy Darden Contributor address; City; State; Zip Code 2107 Spanish Trail Fort Worth TX 76107	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Jungus Jordan		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/8/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John C. Ward	7 Amount of contribution (\$) \$20	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3929 Willow Way Fort Worth TX 76133			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/9/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James B. Getz	Amount of contribution (\$) \$20	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3801 Kimberly Ln Fort Worth TX 76133			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/10/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. Denny Alexander	Amount of contribution (\$) \$300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4200 S Hulen St Ste 617 Fort Worth TX 76109			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/10/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radioshack Gov't Action Fund	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 300 Radioshack Circle Fort Worth TX 76102			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/11/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Hatch	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4328 Willow Way Rd Fort Worth TX 76133			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME Jungus Jordan		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/13/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholas Martin, Jr	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6100 Southwest Blvd #501 Fort Worth TX 76109			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/13/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FW Firefighters Committe for Responsible Govt	Amount of contribution (\$) \$4599.31	In-kind contribution description (if applicable) campaign labor and materials
Contributor address; City; State; Zip Code 417 N Retta Fort Worth TX 76111			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/13/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Committee for Public Safety	Amount of contribution (\$) \$1000	In-kind contribution description (if applicable) campaign materials
Contributor address; City; State; Zip Code 904 Collier Fort Worth TX 76102			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/16/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cecil Ray	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 777 Main #C50 Fort Worth TX 76102			
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		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME
Jungus Jordan

3 ACCOUNT # (Ethics Commission filers)

4 Date 6/8/2005	5 Payee name The Eppstein Group 6 Payee address; City; State; Zip Code 4055 International Plaza #520 Fort Worth TX 76109	7 Amount (\$) 13112.99
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8 Purpose of payment (See instructions regarding type of information required.) Professional services, materials & direct mail	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 6/10/2005	Payee name The Eppstein Group Payee address; City; State; Zip Code 4055 International Plaza #520 Fort Worth TX 76109	Amount (\$) 7281.05
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Purpose of payment (See instructions regarding type of information required.) Direct mail & professional services	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 6/10/2005	Payee name Gordon Boswell Payee address; City; State; Zip Code 6200 Camp Bowie Fort Worth TX 76107	Amount (\$) 92.82
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Purpose of payment (See instructions regarding type of information required.) flowers	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 6/11/2005	Payee name Cousin's BBQ Payee address; City; State; Zip Code 6262 McCart Fort Worth TX 76133	Amount (\$) 654.89
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Purpose of payment (See instructions regarding type of information required.) catering	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME Jungus Jordan		3 ACCOUNT # (Ethics Commission filers)
4 Date 6/15/2005	5 Payee name The Eppstein Group 6 Payee address; City; State; Zip Code 4055 International Plaza #520 Fort Worth TX 76109	7 Amount (\$) 5000.00
8 Purpose of payment (See instructions regarding type of information required.) Professional services		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/15/2005	Payee name The Eppstein Group Payee address; City; State; Zip Code 4055 International Plaza #520 Fort Worth TX 76109	Amount (\$) 1108.10
Purpose of payment (See instructions regarding type of information required.) Telephone services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/15/2005	Payee name Alphagraphics Payee address; City; State; Zip Code 201 Main Fort Worth TX 76102	Amount (\$) 5.50
Purpose of payment (See instructions regarding type of information required.) copies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 6/17/2005	Payee name Tolly Thomas Payee address; City; State; Zip Code 5341 Wooten Fort Worth TX 76133	Amount (\$) 179.94
Purpose of payment (See instructions regarding type of information required.) Website design		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **3**

2 FILER NAME
Jungus Jordan

3 ACCOUNT # (Ethics Commission filers)

4 Date 6/20/2005	5 Payee name Jungus Jordan 6 Payee address; City; State; Zip Code 5316 Starry Ct Fort Worth TX 76123	7 Amount (\$) 450.94
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8 Purpose of payment (See instructions regarding type of information required.) reimbursement for politcal expenditures made with personal funds	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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