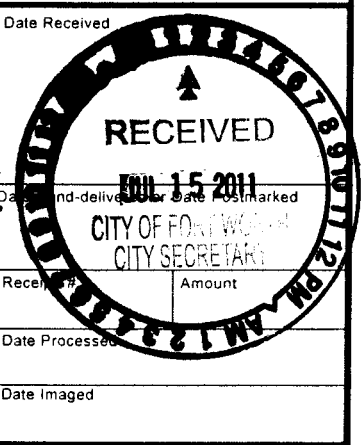


OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEXAS

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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR. NICKNAME	FIRST JUNGUS LAST	MI F. SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
<input type="checkbox"/> Change of Address		5316 STARRY COURT FORT WORTH, TEXAS 76123	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817)	343-2978	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS. NICKNAME	FIRST ELAINE LAST	MI PETRUS SUFFIX
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	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 5 / 5 / 2011 6 / 30 / 2011		
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL MEMBER CITY OF FORT WORTH, Dist. 6		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		
<input type="checkbox"/> 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)	\$ <u>11,214.90</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>29,514.40</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3,515.80</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT

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



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 15th day of JULY, 20 11, to certify which, witness my hand and seal of office.

Marty Hendrix Marty Hendrix Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1 of 3

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5-5-11

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

Q PAC

7 Amount of contribution (\$)

1,125.⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

301 COMMERCE STREET, SUITE 3200
FORT WORTH, TEXAS 76102

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5-6-11

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

GREATER FORT WORTH REAL ESTATE

Amount of contribution (\$)

1,000.⁰⁰

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

COUNCIL PAC
301 COMMERCE STREET, SUITE 2400
FORT WORTH, TEXAS 76102

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-6-11

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

JACKIE D. BEWLEY

Amount of contribution (\$)

1,000.⁰⁰

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

2200 S. RIVERSIDE DRIVE
FORT WORTH, TEXAS 76104

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-10-11

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

KAY GRANGER

Amount of contribution (\$)

200.⁰⁰

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

715 JONES Street, STE 101
FORT WORTH, TEXAS 76102

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-11-11

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

FORT WORTH POLICE OFFICER'S ASSOCIATION

Amount of contribution (\$)

4346.⁹⁷

In-kind contribution description (if applicable)

MAILING

Contributor address: City: State: Zip Code

POLITICAL ACTION COMMITTEE (PAC)
904 COLLIER
FORT WORTH, TEXAS 76102

(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 3

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5-23-11

5 Full name of contributor out-of-state PAC (ID# _____)
CHESAPEAKE ENERGY FOR TEXANS PAC

6 Contributor address; City; State; Zip Code
815 BRAZOS ST. STE A. #106
AUSTIN, TEXAS 78701-9996

7 Amount of contribution (\$)

750.00

(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

5-26-11

Full name of contributor out-of-state PAC (ID# _____)
JACKIE D. and ROSEMARY BEWLEY

Contributor address; City; State; Zip Code
2200 S. RIVERSIDE DRIVE
FORT WORTH, TEXAS 76104

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

6-25-11

Full name of contributor out-of-state PAC (ID# _____)
MERCANTILE PARTNERS, L.P.

Contributor address; City; State; Zip Code
2650 MEACHAM BLVD.
FORT WORTH, TEXAS 76137-4203

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

5-7-11

Full name of contributor out-of-state PAC (ID# _____)
BOB LEDNARD

Contributor address; City; State; Zip Code
2800 SOUTH HALEN, SUITE 210
FORT WORTH, TX 76109

Amount of contribution (\$)

89.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

89.00 postage
for postcards

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-20-11

Full name of contributor out-of-state PAC (ID# _____)
LU and MARTY MOSKOWITZ

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

Amount of contribution (\$)

44.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

44.00
STAMPS

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: 3 of 3	
2 FILER NAME JUNGUS JORDAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5-19-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FORT WORTH FIREFIGHTERS COMMITTEE FOR RESPONSIBLE GOVERNMENT	7 Amount of contribution (\$) 659.93	8 In-kind contribution description (if applicable) \$659.93 LABOR FOR SIGNS
6 Contributor address; City; State; Zip Code 3855 TULSA WAY FORT WORTH, TEXAS 76107-3345		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	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 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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 3	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date MAY 9, 2011	5 Payee name THE ELECTION GROUP LLC
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6 Amount (\$) 15,000	7 Payee address; City: State: Zip Code 408 WEST 14th STREET AUSTIN, TEXAS 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) CONSULTING
---------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date MAY 9, 2011	Payee name THE ELECTION GROUP, LLC
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Amount (\$) 2,543. ⁸⁸	Payee address; City: State: Zip Code 408 WEST 14th STREET AUSTIN, TEXAS 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) VOTER CONTACT MAIL
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date MAY 9, 2011	Payee name THE ELECTION GROUP, LLC
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Amount (\$) 4786. ⁸⁶	Payee address; City: State: Zip Code 408 WEST 14TH STREET AUSTIN, TEXAS 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE / ADVERTISING	Description (If travel outside of Texas, complete Schedule T) DIRECT MAIL
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date MAY 12, 2011	Payee name THE ELECTION GROUP, LLC
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Amount (\$) 4903. ⁷⁷	Payee address; City: State: Zip Code 408 WEST 14TH STREET AUSTIN, TEXAS 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE / ADVERTISING	Description (If travel outside of Texas, complete Schedule T) DIRECT MAIL
------------------------	--	--

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 3	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5-14-11	5 Payee name COUSIN'S BAR - B - Q
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6 Amount (\$) 367.⁹⁷	7 Payee address; City; State; Zip Code 6262 MCCART AVENUE FORT WORTH, TEXAS 76133
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) EVENT
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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 5-20-11	Payee name JAMIE PHILLIPS
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Amount (\$) 43.²⁴	Payee address; City; State; Zip Code 3495 TEJAS LANE BELLVILLE, TEXAS 77418
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) EVENT
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-11-11	Payee name KAY GRANGER CAMPAIGN
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Amount (\$) 300.⁰⁰	Payee address; City; State; Zip Code 715 JONES STREET, SUITE 101 FORT WORTH, TEXAS 76102
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTIONS / DONATIONS MADE BY CANDIDATE / OFFICEHOLDER / POLITICAL COMMITTEE	Description (If travel outside of Texas, complete Schedule T) ANNUAL WOMEN'S SUMMIT
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name KAY GRANGER	Office sought U.S. HOUSE OF REPRESENTATIVES	Office held
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Date 6-30-11	Payee name COMBINED ARTS MEDIA
------------------------	--

Amount (\$) 400.⁰⁰	Payee address; City; State; Zip Code P.O. BOX 171623 ARLINGTON, TEXAS 76003-1623
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) WEBSITE
------------------------	--	---

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
- Accounting/Banking
- Consulting Expense
- Event Expense
- Fees
- Gift/Awards/Memorials Expense
- Legal Services
- Food/Beverage Expense
- Polling Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Travel in District
- Travel Out Of District
- Office Overhead/Rental Expense
- Loan Repayment/Reimbursement
- Transportation Equipment & Related Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 3	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6-30-11	5 Payee name THE BREAKFAST CLUB OF FORT WORTH	
6 Amount (\$) 97.⁰⁰	7 Payee address; City; State; Zip Code 333 THROCKMORTON ST. #808 FORT WORTH, TEXAS 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OTHER	(b) Description (If travel outside of Texas, complete Schedule T) MEMBERSHIP DUES / QUARTER
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 6-30-11	Payee name THE ELECTION GROUP, LLC		
Amount (\$) 1,071.⁶⁸	Payee address; City; State; Zip Code 408 WEST 14TH STREET AUSTIN, TEXAS 78701		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) VOTER CONTACT	
Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED