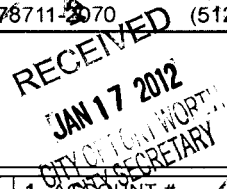


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

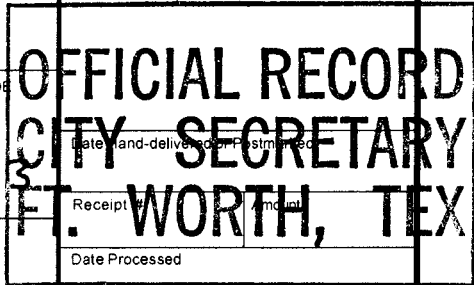


The C/OH Instruction Guide explains how to complete this form. **1** ACCOUNT # (Ethics Commission Files) **2** Total pages filed: **23**

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: **MR.** FIRST: **Jungus** MI: **F.**
NICKNAME: LAST: **JORDAN** SUFFIX:

OFFICE USE ONLY
Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX: **5316 STARRY COURT** APT / SUITE #: CITY: STATE: ZIP CODE: **FORT WORTH, TEXAS 76123**
 change of address



5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE: **(817)** PHONE NUMBER: **343-2978** EXTENSION:

Date Hand-delivered
Receipt #
Date Processed

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: **MRS.** FIRST: **ELAINE** MI:
NICKNAME: LAST: **PETRUS** SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (residence or business)
STREET ADDRESS (NO PO BOX PLEASE): **3736 COUNTRY CLUB** APT / SUITE #: CITY: STATE: ZIP CODE: **FORT WORTH, TEXAS 76109**

8 CAMPAIGN TREASURER PHONE
AREA CODE: **(817)** PHONE NUMBER: **924-8898** EXTENSION:

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: **7 / 1 / 2011** THROUGH Month Day Year: **12 / 31 / 2011**

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

12 OFFICE
OFFICE HELD (if any): **COUNCIL MEMBER DISTRICT 6 CITY OF FORT WORTH, TX**

13 OFFICE SOUGHT (if known):

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

JUNGUS JORDAN

15 ACCOUNT # (Ethics Commission Filers)

16 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

17 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)

\$ 28,010.⁰⁰

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 10,416.¹⁰

CONTRIBUTION
BALANCE

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

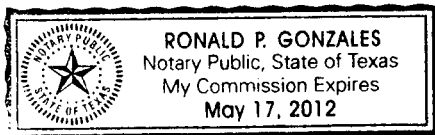
\$ 12,851.¹⁸

OUTSTANDING
LOAN TOTALS

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

\$

18 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 17th day of January, 20 12, 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: **15**

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

4 Date 8-13-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MICHAEL COHEN	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4223 Alta Mesa Blvd. FORT WORTH, Texas 76133		(If travel outside of Texas, complete Schedule T)	

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

Date 8-15-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WILLIAM and Lucy CONLEY	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 128 BONDURANT, WY 82922-0128		(If travel outside of Texas, complete Schedule T)	

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

Date 8-15-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DONALD E. DOYLE	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code APT. 4315, 6301 GRANBURY CUT OFF FORT WORTH, TEXAS 76132-547		(If travel outside of Texas, complete Schedule T)	

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

Date 8-15-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) EDITH S. JONES	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4113 WILLOW WAY Road FORT WORTH, TEXAS 76133		(If travel outside of Texas, complete Schedule T)	

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

Date 8-15-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROBERT W. and NANCY COOPER	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7312 LEMONWOOD LANE FORT WORTH, TEXAS 76133-7010		(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: **15**

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-15-11

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

KENNETH L. BARR

7 Amount of contribution (\$)

150.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**3101 AVONDALE AVENUE
FORT WORTH, TEXAS 76109**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8-16-11

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

GLEN A. and MARGARET ESTES

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**6909 CHURCH PARK DRIVE
FORT WORTH, TEXAS 76133**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-16-11

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

CHARLES E and SUZANNE WELLS

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**5905 WALRAVEN CIRCLE
FORT WORTH, TEXAS 76133**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-16-11

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

JUANITA N. KIRTLEY

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**7024 CASTLE CREEK DRIVE E.
FORT WORTH, TEXAS 76132-3704**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-16-11

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

LOUISE BRITT CARVEY

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**3601 OVERTON PARK DRIVE E.
FORT WORTH, TX 76109**

(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: **15**

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-16-11

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

JAMES R. TOAL

6 Contributor address; City; State; Zip Code

**341 NURSERY LANE
FORT WORTH, TEXAS 76114**

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

8-17-11

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

REED PIGMAN, JR.

Contributor address; City; State; Zip Code

**200 TEXAS WAY
FORT WORTH, TEXAS 76106**

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

8-17-11

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

WILLIAM B. OR PATRICIA GORDON

Contributor address; City; State; Zip Code

**5201 WINIFRED
FORT WORTH, TEXAS 76133**

Amount of contribution (\$)

150.⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-17-11

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

LELAND A. HODGES

Contributor address; City; State; Zip Code

**115 W. 7TH ST., STE 1310
FORT WORTH, TEXAS 76102**

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)

Date

8-17-11

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

WILSON J. OR CAROL LINDSAY

Contributor address; City; State; Zip Code

**4345 CARTAGENA
FORT WORTH, TEXAS 76133**

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: **15**

2 FILER NAME
JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date: **8-17-11**
5 Full name of contributor: **LEE & KATHY NICOL**
6 Contributor address; City; State; Zip Code:
**3882 SOUTH HILLS CIRCLE
FORT WORTH, TEXAS 76109**

7 Amount of contribution (\$): **100.⁰⁰**
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: **8-17-11**
Full name of contributor: **FORT WORTH RETIRED FIREFIGHTERS AND WIDOWS COMMITTEE FOR RESPONSIBLE GOVT.**
Contributor address; City; State; Zip Code:
**1617 TIERNEY ROAD
FORT WORTH, TEXAS 76112**

Amount of contribution (\$): **500.⁰⁰**
In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **8-17-11**
Full name of contributor: **WAYLON B. and BETTY KIRK**
Contributor address; City; State; Zip Code:
**3520 WHARTON DRIVE
FORT WORTH, TEXAS 76133**

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: **8-18-11**
Full name of contributor: **JOSEPH D. BENNETT**
Contributor address; City; State; Zip Code:
**4025 WEDGWORTH ROAD S.
FORT WORTH, TEXAS 76133-2834**

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: **8-18-11**
Full name of contributor: **JOHN M. STEVENSON**
Contributor address; City; State; Zip Code:
**1207 HILLCREST ST.
FORT WORTH, TX 76107**

Amount of contribution (\$): **1,000.⁰⁰**
In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 15

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-19-11

5 Full name of contributor out-of-state PAC (ID#: _____)
CLAUDE and CLAIRE BROWN

6 Contributor address; City; State; Zip Code
6149 WALLA AVENUE
FORT WORTH, TEXAS 76133-3541

7 Amount of contribution (\$)

100.⁰⁰

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

8-19-11

Full name of contributor out-of-state PAC (ID#: _____)
LANCF W. DR. SUSAN USREY

Contributor address; City; State; Zip Code
8247 MEADOWSIDE DRIVE
FORT WORTH, TX 76116

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

8-19-11

Full name of contributor out-of-state PAC (ID#: _____)
PAUL E. ANDREWS, JR.

Contributor address; City; State; Zip Code
700 JENKINS ROAD
ALEDO, TEXAS 76008

Amount of contribution (\$)

500.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-20-11

Full name of contributor out-of-state PAC (ID#: _____)
WINSTON D. and DIXIE D. SEAMAN

Contributor address; City; State; Zip Code
7320 LEMONWOOD LANE
FORT WORTH, TX 76133-7010

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

8-20-11

Full name of contributor out-of-state PAC (ID#: _____)
CARROL and CONNIE MEREDITH

Contributor address; City; State; Zip Code
5524 BYERS AVENUE
FORT WORTH, TX 76107

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)

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 15**

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

4 Date 8-22-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNE and BARNEY HOLLAND, JR.	7 Amount of contribution (\$) 1,000.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3647 ENCANTO DRIVE FORT WORTH, TX 76109-3545		(If travel outside of Texas, complete Schedule T)	

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

Date 8-24-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REED K. BILZ	Amount of contribution (\$) 25.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6130 HALEY LANE FORT WORTH, TX 76132		(If travel outside of Texas, complete Schedule T)	

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

Date 8-23-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. and MRS. ROBERT D. BROWN	Amount of contribution (\$) 100.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 328 CHATEAU DRIVE FORT WORTH, TX 76134		(If travel outside of Texas, complete Schedule T)	

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

Date 8-20-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOLT HICKMAN	Amount of contribution (\$) 1,000.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5800 MERRY MOUNT ROAD FORT WORTH, TX 76107		(If travel outside of Texas, complete Schedule T)	

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

Date 8-23-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES R. DUNAWAY	Amount of contribution (\$) 500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 777 TAYLOR ST., STE. 1040 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:

7 of 15

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-23-11

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

WILLIAM W. and PATRICIA MEADOWS

6 Contributor address; City; State; Zip Code

3904 HAMILTON AVENUE
FORT WORTH, TX 76107

7 Amount of contribution (\$)

200.⁰⁰

(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

8-27-11

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

JESSE and JOLINDA MARTINEZ

Contributor address; City; State; Zip Code

4262 CADIZ
FORT WORTH, TX 76133

Amount of contribution (\$)

100.⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-23-11

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

JUDITH J. CARRIER

Contributor address; City; State; Zip Code

3720 WOOTEN DRIVE
FORT WORTH, TX 76133

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)

Date

8-26-11

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

MARTHA V. LEONARD

Contributor address; City; State; Zip Code

1411 SHADY OAKS LANE
FORT WORTH, TX 76107

Amount of contribution (\$)

100.⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-25-11

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

BERNARD and ELLEN APPEL

Contributor address; City; State; Zip Code

4917 RANCH VIEW ROAD
FORT WORTH, TX 76109

Amount of contribution (\$)

100.⁰⁰

(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:

8 of 15

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-24-11

5 Full name of contributor

out-of-state PAC (ID#)

JOESPH and MARY DULLE

6 Contributor address; City; State; Zip Code

2127 PEMBROKE
FORT WORTH, TX 76110

7 Amount of contribution (\$)

100.00

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

8-26-11

Full name of contributor

out-of-state PAC (ID#)

JAMES M. EAGLE

Contributor address; City; State; Zip Code

4520 WASHBURN AVENUE
FORT WORTH, TEXAS 76116

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

8-20-11

Full name of contributor

out-of-state PAC (ID#)

MR. and MRS. JOHN V. ROACH II

Contributor address; City; State; Zip Code

2805 ALTON ROAD
FORT WORTH, TEXAS 76109

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

8-22-11

Full name of contributor

out-of-state PAC (ID#)

GARY W. and JUDITH HAUENER

Contributor address; City; State; Zip Code

P.O. BOX 121969
FORT WORTH, TX 76121-1969

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

8-29-11

Full name of contributor

out-of-state PAC (ID#)

DIETER W. and MARY SATZ

Contributor address; City; State; Zip Code

4305 MISTY MEADOW DRIVE
FORT WORTH, TEXAS 76133-7021

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: **9 of 15**

2 FILER NAME **JUNGUS JORDAN**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **8-29-11**
5 Full name of contributor out-of-state PAC (ID#: _____)
RICE TILLEY
6 Contributor address; City; State; Zip Code
**201 MAIN STREET, STE 2200
FORT WORTH, TX 76102-3126**

7 Amount of contribution (\$) **100.⁰⁰**
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 **8-22-11**
Full name of contributor out-of-state PAC (ID#: _____)
TIMOTHY L. and ELAINE PETRUS
Contributor address; City; State; Zip Code
**3736 COUNTRY CLUB CIRCLE
FORT WORTH, TX 76109**

Amount of contribution (\$) **1,000.⁰⁰**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **8-24-11**
Full name of contributor out-of-state PAC (ID#: _____)
JAMES R. HARRIS
Contributor address; City; State; Zip Code
**619 RIVERCREST
FORT WORTH, TX 76107**

Amount of contribution (\$) **1,000.⁰⁰**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **8-30-11**
Full name of contributor out-of-state PAC (ID#: _____)
JAMES and JUDY SCHELL
Contributor address; City; State; Zip Code
**901 FORT WORTH CLUB BLDG.
FORT WORTH, TX 76102**

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 **8-31-11**
Full name of contributor out-of-state PAC (ID#: _____)
THOMAS L. KRAMPITZ
Contributor address; City; State; Zip Code
**3420 POTOMAC AVE.
DALLAS, TEXAS 75205**

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)

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: **10 of 15**

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-26-11

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

JENNIFER and MARTIN HARNISH

6 Contributor address; City; State; Zip Code

**7316 OLD MILK RUN
FORT WORTH, TX 76133**

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

8-23-11

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

FORT WORTH ROUNDTABLE, LLC.

Contributor address; City; State; Zip Code

**101 SUMMIT AVE., STE 208
FORT WORTH, TX 76102**

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

8-20-11

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

JOHNNY STEVENS

Contributor address; City; State; Zip Code

**P.O. BOX 782257
WICHITA, KANSAS 67278**

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

PRINCIPAL / OWNER

Employer (See Instructions)

HULEW STREET RETAIL

Date

8-20-11

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

JOHNNY STEVENS / CHARLIE STEVENS

Contributor address; City; State; Zip Code

**P.O. BOX 782257
WICHITA, KANSAS**

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

HULEW PARK ASSOCIATES

Date

Full name of contributor 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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
11 of 15

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9-2-11

5 Full name of contributor out-of-state PAC (ID# _____)
MARILYN F. and MICHAEL K. BERRY

6 Contributor address; City; State; Zip Code

**6217 GENOA ROAD
FORT WORTH, TX 76116**

7 Amount of contribution (\$)

250.⁰⁰

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

8-31-11

Full name of contributor out-of-state PAC (ID# _____)
JOHN H. and LINDA MADDUX

Contributor address; City; State; Zip Code

**2120 RIDGMAR BLVD, STE 14
FORT WORTH, TEXAS 76116-2200**

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

9-11-11

Full name of contributor out-of-state PAC (ID# _____)
MICHAEL J. and MAUREEN HARRIS

Contributor address; City; State; Zip Code

**5404 SHASTA RIDGE CT.
FORT WORTH, TEXAS 76123-2827**

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

8-28-11

Full name of contributor out-of-state PAC (ID# _____)
RICHARD D. and CAROL MINKER

Contributor address; City; State; Zip Code

**4258 ALTURA ROAD
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

8-18-11

Full name of contributor out-of-state PAC (ID# _____)
ROBERT and KATHLEEN LOMBARDI

Contributor address; City; State; Zip Code

**4000 CLARKE AVENUE
FORT WORTH, TEXAS 76107**

Amount of contribution (\$)

1,000.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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:

12 of 15

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-17-11

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

STACEY JANDRUCKO

6 Contributor address; City; State; Zip Code

7000 HOLLOW OAK TRAIL
MANSFIELD, TEXAS 76023

7 Amount of contribution (\$)

1,000.⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8-26-11

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

F. HOWARD WALSH, JR.

Contributor address; City; State; Zip Code

500 W. 7TH ST., STE 1007
FORT WORTH, TEXAS 76102-4752

Amount of contribution (\$)

2,500.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-29-11

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

G. MALCOLM LOUDEN

Contributor address; City; State; Zip Code

500 W. 7TH ST., STE. 1007
FORT WORTH, TEXAS 76102-1007

Amount of contribution (\$)

5,000.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-23-11

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

BRAD HANCOCK

Contributor address; City; State; Zip Code

3825 LANDSEND ST.
FORT WORTH, TEXAS 76109

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

9-1-11

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

THOMAS L. STRUBS & ELIZABETH FACCONER

Contributor address; City; State; Zip Code

362 South RIDGE OAK COURT
WEATHERFORD, TEXAS 76087

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)

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: **13 of 15**

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9-3-11

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

BARCLAY E. OR MARSHA BERDAN

6 Contributor address; City; State; Zip Code

**3639 ENCANTO DRIVE
FORT WORTH, TEXAS 76109**

7 Amount of contribution (\$)

100.⁰⁰

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

9-4-11

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

JEANNE BAUER

Contributor address; City; State; Zip Code

**3809 WALTON
FORT WORTH, TEXAS 76133**

Amount of contribution (\$)

35.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-5-11

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

RANDALL C. GIDEON

Contributor address; City; State; Zip Code

**3812 MONTICELLO DRIVE
FORT WORTH, TEXAS 76107**

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

9-9-11

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 (\$)

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

9-7-11

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

GOOD GOVERNMENT FUND

Contributor address; City; State; Zip Code

**201 MAIN STREET, SUITE 2500
FORT WORTH, TEXAS 76102**

Amount of contribution (\$)

500.⁰⁰

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: **14 of 15**

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9-7-11

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

PSEL PAC

6 Contributor address; City; State; Zip Code

**201 MAIN STREET, SUITE 2500
FORT WORTH, TEXAS 76102**

7 Amount of contribution (\$)

500.00

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

9-11-11

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

JAMES B. and Margaret De Moss

Contributor address; City; State; Zip Code

**2600 W. 7th ST., # 2644
FORT WORTH, TX 76107-2244**

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-10-11

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

ROBERT FERNANDEZ and 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

9-16-11

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

CASH AMERICA INTERNATIONAL

Contributor address; City; State; Zip Code

**MULTI-CANDIDATE POLITICAL ACTION Comm.
1600 W. 7TH STREET
FORT WORTH, TEXAS 76102**

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-21-11

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

CHARLES AND DIANE NIXON

Contributor address; City; State; Zip Code

**104 CRESTWOOD DRIVE
FORT WORTH, TEXAS 76107**

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: **15 of 15**

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9-23-11

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

FREESE and NICHOLS PAC

6 Contributor address; City; State; Zip Code

**4055 INTERNATIONAL PLAZA, STE 200
FORT WORTH, TEXAS 76109**

7 Amount of contribution (\$)

250.00

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

9-26-11

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

MITCHELL REITMAN

Contributor address; City; State; Zip Code

**3805 TRAILS EDGE
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

10-19-11

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

BOB and THERESA WEDDELL

Contributor address; City; State; Zip Code

**8000 DUSTY WAY
FORT WORTH, TEXAS 76123**

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

10-24/11

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

MR. and MRS. MARTIN MOORE

Contributor address; City; State; Zip Code

**6317 WAKELAND COURT
FORT WORTH, TEXAS 76133-3523**

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-27-11

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

MICHELLE and BRIAN LEE RANDOLPH

Contributor address; City; State; Zip Code

**3013 MAHAN COURT
GRAPEVINE, TEXAS 76051**

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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: 1 of 6	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6-23-11	5 Payee name COWTOWN DINER	
6 Amount (\$) 24.63	7 Payee address; City; State; Zip Code 305 MAIN 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) BREAKFAST WITH ADVISOR
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6-24-11	Payee name PARIS COFFEE SHOP	
Amount (\$) 15.31	Payee address; City; State; Zip Code 704 W. MAGNOLIA AVENUE FORT WORTH, TEXAS 76104-4609	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) BREAKFAST WITH ADVISOR
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8-04-11	Payee name CHARLESTON'S RESTAURANT	
Amount (\$) 30.84	Payee address; City; State; Zip Code 3020 S. HULEN FORT WORTH, TEXAS 76109	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) LUNCH with Advisor
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9-26-11	Payee name CHARLESTON'S RESTAURANT	
Amount (\$) 32.14	Payee address; City; State; Zip Code 3020 S. HULEN FORT WORTH, TEXAS 76109	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) LUNCH with ADVISOR
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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 6	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7-10-11	5 Payee name THE ROTARY CLUB OF FORT WORTH
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6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 306 WEST 7TH, STE. 715 FORT WORTH, TEXAS 76102-4900
--------------------------------	--

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) SEMI-ANNUAL DUES
--------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 7-27-11	Payee name THE ROTARY CLUB OF FORT WORTH
------------------------	--

Amount (\$) 100.00	Payee address; City; State; Zip Code 306 WEST 7TH, STE. 715 FORT WORTH, TEXAS 76102-4900
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) GIFT/AWARDS/MEMORIALS EXA	Description (If travel outside of Texas, complete Schedule T) ROTARY ENDOWMENT
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-8-11	Payee name MERCANTILE PARTNERS, L.P.
-----------------------	--

Amount (\$) 1,000.00	Payee address; City; State; Zip Code 2650 MEACHAM BLVD. FORT WORTH, TEXAS 76137-4203
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) REFUND/RETURN CONTRIBUTION CHECK
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-15-11	Payee name THE ELECTION GROUP LLC
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Amount (\$) 7,500.00	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) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) Campaign CONSULTING
------------------------	---	---

Complete <u>ONLY</u> 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: 3 of 6	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8-18-11	5 Payee name THE ELECTION GROUP LLC
--------------------------	---

6 Amount (\$) 374.68	7 Payee address; City; State; Zip Code 408 WEST 14TH AUSTIN, TEXAS
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE/POSTAGE	(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 8-30-11	Payee name JAMIE PHILLIPS
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Amount (\$) 64.37	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/FOOD	Description (If travel outside of Texas, complete Schedule T) Advisory Group/FOOD
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date Sept-11	Payee name THE BREAKFAST CLUB
------------------------	---

Amount (\$) 97.00	Payee address; City; State; Zip Code 333 THROCKMORTON ST. #809 FORT WORTH, TEXAS 76102
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) MEMBERSHIP DUES/QUARTER
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-15-11	Payee name JAMIE PHILLIPS
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Amount (\$) 24.62	Payee address; City; State; Zip Code 3495 TEJAS LANE BELLVILLE TEXAS 77148
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) ADVISORY GROUP EVENT
------------------------	--	--

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: 4 of 6	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11-15-11	5 Payee name RETIREMENT PARTY FUND FOR MARTIE HENDRIX
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6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 1000 THROCKMORTON FORT WORTH, TEXAS 76102
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) GIFT/AWARDS/MEMORIALS EXP.	(b) Description (If travel outside of Texas, complete Schedule T) CONTRIBUTION to Retirement PARTY
--------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-15-11	Payee name THE AEROSPACE OPTIMIST CLUB
-------------------------	--

Amount (\$) 110.00	Payee address; City; State; Zip Code P.O. BOX 33435 FORT WORTH, TEXAS 76162
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) 2011-2012 DUES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-03-11	Payee name CHARLESTON'S RESTAURANT
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Amount (\$) 29.23	Payee address; City; State; Zip Code 3020 S. HULEN FORT WORTH, TEXAS 76109
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) LUNCH with Advisor
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-14-11	Payee name CHUY'S RESTAURANT
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Amount (\$) 26.04	Payee address; City; State; Zip Code 2401 W. 7TH STREET, STE. 110 FORT WORTH, TEXAS 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) LUNCH with Advisor
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Complete <u>ONLY</u> 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: 5 of 6	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12-19-11	5 Payee name CHARLESTON'S RESTAURANT
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6 Amount (\$) 40.18	7 Payee address; City; State; Zip Code 3020 S. HULEW FORT WORTH, TEXAS 76109
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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) LUNCH with Advisors
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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 12-12-11	Payee name NICKOLAS WELLBAUM / TEXAS BOY'S CHOIR
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Amount (\$) 50.00	Payee address; City; State; Zip Code 5432 WOODWAY DRIVE FORT WORTH, TEXAS 76133
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) GIFT/AWARD/MEMORIALS EXP	Description (If travel outside of Texas, complete Schedule T) CONTRIBUTION Texas Boy's Choir
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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 12-12-11	Payee name LONGHORN COUNCIL Boy Scouts OF AMERICA
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Amount (\$) 250.00	Payee address; City; State; Zip Code P.O. BOX 54190 HURST, TEXAS 76054-4190
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) GIFT/AWARDS/MEMORIAL EXP	Description (If travel outside of Texas, complete Schedule T) CONTRIBUTION - BOY SCOUTS
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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 12-12-11	Payee name THE ROTARY CLUB OF FORT WORTH
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Amount (\$) 250.00	Payee address; City; State; Zip Code 306 WEST 7th, STE 715 FORT WORTH, TEXAS
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) DUES - SEMIANNUAL / JAN-JUN 2012
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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: 6 of 6	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12-12-11	5 Payee name THE BREAKFAST CLUB of FORT WORTH
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6 Amount (\$) 97.00	7 Payee address; City; State; Zip Code 333 THROCKMORTON ST. #808 FORT WORTH, TEXAS 76102
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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) QUARTERLY DUES
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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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