(512) 463-5800

1-800-325-8506

OFFICIALS RECORD D. Box 12070 Austin. Texas 78711-2070 CITY CARGRATARY OFFICEHOLDER FT. WORFAGNTENANCE REPORT

FORM C/OH COVER SHEET PG 1

		1 ACCOUNT#	2 Tatal access filed:
The C/OH Instruction	Gulde explains how to complete this form.	(Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST MR. JUNGUS NICKNAME LAST	MI F. SUFFIX	OFFICE USE ONLY Date Received
	JORDAN		* 6
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; 5316 STARRY COUR		PACEIVED pa and-delive Willer Jate 201 marked CITY OF FOR I WOOD
Change of Address	FORT WORTH, TEXA	45 76123	CITY SECRETARS
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 343-2978	EXTENSION	Recent # Amount Date Processes
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MRS. ELAINE NICKNAME LAST PETRUS	MI 	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #: CITY; STATE; ZIP CODE 3736 COUNTRY CLUB FORT WORTY, TEXAS 76/09		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 924-8898		
9 REPORTTYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 6 30 /	Year 2 011
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary	Runoff	General 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 ARE REQUIRED TO DISCLOSE THIS INFORMATION		
additional pages	Address / PO Box, Apt. / Suite #; City, State; Zip Cod	ie	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	& TOTAL	.S	COVER SHEET PG 2
15 C/OH NAME	Jui	NGUS JORDAN	16 ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL	CANDIDATE / OFFIC	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANI TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	•
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,214.90
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	ZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 29,514.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 3, 515.		\$ 3,515. <u>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 p is true and correct and includes all in me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by
	MARTY HENDRI MY COMMISSION EXI April 3, 2013	HRES	date or Officeholder
AFFIX NOTARY STAMP	/ SEAL ABOVE	,	
Sworn to and subsc	of JULY	ne, by the said	AN this the
Math	Sendiz	Marty Hendrick	Notary Public
∂iquature of office. dmin	stering eath	Printed name of officer administering outh	Title of officer administering dath

Texas Ethics Cor	nmission P.O. Box 12070 Austin, T	exas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
1	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	NS		SCHEDULE A
The Instruction Guide explains how to complete this form.			1 Total pages Sche	edule A:
2 FILER NAME	JUNGUS JORDAN		3 ACCOUNT # (Et	hics Commission Filers)
4 Date 5-5-11	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5-5-11	301 COMMERCE STREET	•	1,125.4	
	FORT WORTH, TEXA	s 76102	(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
5-6-11	Contributor address: City: State: Zip Code COUNCIL PAC 301 COMMERCE STREET	ı	1,000.40	
	FORT WORTH, TEXAS	76102	(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#: JACKIE D. BEWLE	<i>y</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)
5-6-11	Contributor address: City: State: Zip Code 2200 S. RIVERS IDE 1		1,000.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ KAY GRANGER Contributor address; City: State: Zip Code 715 JONES Street,		Amount of contribution (\$)	In-kind contribution description (if applicable)
5-10-11			200.00	
Principal occupa	FORT WORTH, TE) ation / Job title (See Instructions)	Employer (See In:		exas, complete Schedule T)
		Employer (See III.		
Date	Full name of contributor Juli-of-state PAC (10# FORT WORTH POLICE OFF)	Ler's ASSOCIATION	Amount of contribution (\$)	In-kind contribution description (if applicable)
5-11-11	Contributor address. City: State. Zip Code POLITICAL ACTION COMMIT 904 COLLIER	TET (PAC)	4346.97	MAILING
Dranat	FORT WORTH, TEXAS	76102		xas, complete Schedule T)
⊬rincipal occupa	tion / Job title (See Instructions)	Employer (See Ins	tructions)	
If con	ATTACH ADDITIONAL COPIES OF out-of-state PAC, please see instru			uirements.
				,

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) JUNGUS JORDAN 5 Full name of contributor Out-of-state PAC (ID# OUT-OF-STATE PAC 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable) 5-23-11 6 Contributor address; City: State: Zip Code 815 BRAZOS ST. STEA. #106 750.00 A USTIN, TEXAS 78701-9994 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) 5-26-11 State PAC (ID#______) Contributor address; City: State; Zip Code 2200 S. RIVERSIDE DRIVE In-kind contribution contribution (\$) description (if applicable) 1,000.00 FORT WORTH, TEXAS 76/04 Principal occupation / Job title (See Instructions) In-kind contribution 6-25-11 MERCANTILE PARTNERS, L.P. Contributor address: City: State: Zip Code 2650 MEACHAM BLUD. contribution (\$) description (if applicable) 1,000.00 FORT WORTH, TEXAS 76/37-4203 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ____ out-of-state PAC (ID#: 5-7-11 BOB LEONARD Contributor address: City: State: Zip Code 2800 South HALEN, SUITE 210 FORT WORTH, TX 76109 Principal occupation / Job title (See Instructions Employer (See Instructions) 5-20-11 Lu and MARTY MOSKOWITZ Contributor address, City, State, Zip Code 7137 WIND CHIMF DRIVE FORT WORTH, TEXAS 76133 Amount of In-kind contribution 44.00 44.00 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Texas Ethics Com	nmission P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS				
The	Instruction Guide explains how to co	emplete this form.	1 Total pages Sch	edule A: 3 of 3
2 FILER NAME	JUNGUS JORD	AN	3 ACCOUNT # (E	thics Commission Filers)
4 Date 5-19-11	FORT WORTH FIREFIGM FOR RESPONSIBLE 6 Contributor address; City: State 3855 TULSA WA	Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) \$ 659.93 LABOR FOR SIGNS
	FORT WORTH, TE	X45 16101- 3777	1	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor	state PAC (ID#:) Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor 🔲 out-of-	state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State;	Zip Code	(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor	state PAC (ID#:) Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	Texas, complete Schedule T)
Date	Full name of contributor	tale PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	Contributor address; City, State,	Zip Code Employer (See I		Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/0		
Accounting/Banking	Legal Services Solicitation/Funda		
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By	
Event Expense	Polling Expense Travel Out Of Di	strict Candidate/Officeholder/Political Committee	
Fees	Printing Expense Office Overhead/		
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F		3 ACCOUNT # (Ethics Commission Filers)	
1023	JUNGUS JORD	AN	
4 Date	5 Payee name		
MAY 9,2011		GROUP LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	A	
15,000	408 WEST 14th STI	KE6 /	
15,000	AUSTIN, TEXAS 7	78 70 I	
a puppoer	(a) Category (See assessed lived assessed		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	CONSULTING EXPENSE	CONSULTING	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C		Office held	
Date And And	Payee name		
MAY 9, 2011	I HE ELECTION	GROUP, LLC	
Amount (\$)	Payee address; City; State: Zip Code 408 WEST 14+4 ST		
48	UDB WEST 14+4 ST	RIFET	
2,543.88			
	AUSTIN, TEXAS 7	8 701	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF Expenditure	AdvERTISING	VOTER CONTACT MAIL	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
MAY9,2011	THE ELECTION	GROUP, LLC	
Amount (\$)	Pavee address: City: State: Zin Code		
4786.86	408 WEST 14TH S	TR EET	
4786	400 0023. 192. 3		
1100.	AUSTIN, TEXAS	78 70/	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	PRINTING EXAWSE /Adventising		
EXPENDITURE		DIRECT MAIL	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/C)H		
Date	Payee name		
AAA . 10 - 11	THE ELECTION	GROVE 110	
MAY 12, 2011		UN VIII , LLC	
Amount (\$)	Payee address; City: State; Zip Code		
4002 1	408 WEST 14TH STR	(ELI	
7903.	AUSTIN, TEXAS 78	701	
BUBBBBB			
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas complete Schedule T)	
EXPENDITURE	PRINTING EXPENSE/ADVERTISING	DIRECT MAIL	
`amplete (MIV 4 4	Candidate / Officeholder name	/2 /	
omplete <u>QNLY</u> if direct _ expenditure to benefit © O	•	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED	

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE C	ATEGORIES 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 Event Expense	Food/Beverage Expense	ravel In District	Contributions/Donations Made By
Fees		ravel Out Of District	Candidate/Officeholder/Political Committee
1 663	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
		xplains how to complete this fo	rm.
1 Total pages Schedule F	2 FILER NAME JUNGUS	JORDAN	3 ACCOUNT # (Ethics Commission Filer
4 Date 5-14-11	5 Payee name Cousin	's BAR - B	S - Q
6 Amount (\$)			
367,97	6262 McC	Zip Code ART AVEWUE	
Jot, -	FORT 114B	TH TOUR	7/122
	TOK! WOR	TH, TEXAS	76/33
8 PURPOSE OF	(a) Category (See categories listed at the top of ti	his schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	EVENT EXPEN	A	EVENT
3 0		,	EVENI
9 Complete <u>ONLY</u> if direct expenditure to benefit O	t Candidate / Officeholder name VOH	Office sough	t Office held
Date	Payee name	D	
5-20-11	JAMIE	Phillips	
Amount (\$)			
γ (ψ)	Payee address; City; State;	Zip Code LANE	
43, 24	3495 TEJAS	LANC	
75.	RELIVILLE	TOUR 774	10
	BELL VILLE,	IEXAS FT9	/ B
PURPOSE OF	Category (See categories listed at the top of thi		f travel outside of Texas, complete Schedule T)
EXPENDITURE	EVENT EXPEN	ISF FILE	WT
Complete ONLY if direct expenditure to benefit C/o	Candidate / Officeholder name	Office sought	Office held
	J11		
Date	Payee name		
6-11-11	KAY G	RANGER C	AMPAIGN
Amount (\$)	Payee address; City; State:	Zip Code	
300 00	715 JONES S	TREET CULT	E 101
300.00			
	FORT WORT	4 TEXAS	76102
PURPOSE	Category (See categories listed at the top of this	schedule) Pagginting ut	0,0 =
OF	Category ISee categories listed at the top of this CONTRIBUTIONS DONATIONS	MARE BY	ravel outside of Texas, complete Schedule T)
EXPENDITURE	CANDIDATE OF FICE HOLDER	OUTTCAL CALL SHOW	ANNUAL WOMEN'S SUMMIT
Comptete ONLY if direct	Candidate / Officeholder name		יין אין אין אין אין אין אין אין אין אין
expenditure to benefit C/O		Office sought	Office held
	NITY GATINGER	4.5. House of	REPRESENTATIVES
Date	Pavea name 🔥		
6-30-11	COMBINED	ARTS MEDI	A
mount (\$)			•
	Payee address: City State, Z		
400.00	P.O. BOX 1716:	23	
700.	AP1 . all1	DVAS 7/ no	7-16-7
2112222	Category See Category 1999	(AT) 7600	3-1623
PURPOSE	a ming an y i see categor as usied at the top of this so	hedule) Description (it tra	vel pulside of Texas, complete Schedule T)
OF XPENDITURE	ADVERTISING EXPEN	SE WEBS	_
Imprete CNEY fisrect	an tidale officeholder name) (
icensticato penebiti. Te		· ffire sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS HE	050
		AS NEE	DED

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

-	EVEN DITUE OF THE PARTY	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In District Polling Expense Travel Out Of E Printing Expense Office Overhead	/Contract Labor draising Expense ct District d/Rental Expense //Contract Labor Conn Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	The Instruction Guide explains how to 2 FILER NAME JUNGUS JORG	2 400001017 # 15111
4 Date 6-30-11	5 Payee name	AST CLUB OF FORT WORTH
6 Amount (\$) 97. 00	7 Payee address: City: State: Zip Code 333 THROCK MORTON FORT WORTH, TEX	ST. #808
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)
9 Complete <u>CNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
6-30-11	Payee name THE ELECTION	N GROUP, LLC
1,071.68	Payee address; City; State; Zip Code 408 WEST 14TH	STREET
PURPOSE OF EXPENDITURE	AUSITIN, TEXAS Category (See categories listed at the 10p of this schedule) Advertising Expense	Description (If travel outside of Texas complete Schedule T) VOTER CONTACT
Complete <u>CNLY</u> if direct expenditure to benefit C/C	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 iravel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address: City State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
condition to deniete the	antidate officeholder name	Mice sought 'Mice held
-	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEEDED