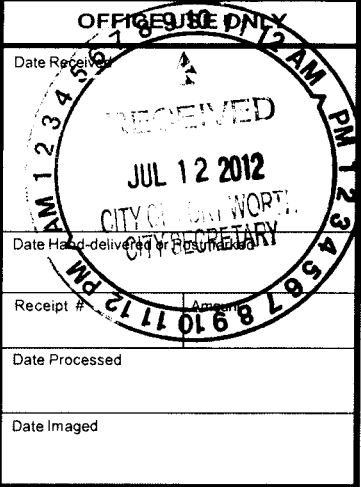


OFFICIAL RECORD
 CITY SECRETARY
 FORT WORTH, TEXAS

**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 Filers) | 2 Total pages filed: 7 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR MR. NICKNAME | FIRST JUNGUS LAST | MI F. SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX; 5316 STARRY COURT FORT WORTH, TEXAS 76123 | APT / SUITE #; | CITY; STATE; ZIP CODE |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (817) | PHONE NUMBER 343-2978 | EXTENSION |
| 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 (817) | PHONE NUMBER 924-8898 | EXTENSION |
| 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 1 / 1 / 2012 6 / 30 / 2012 | | |
| 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) COUNCIL MEMBER DISTRICT 6 CITY OF FORT WORTH | | 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$ **5,000.00**

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ **1,284.19**

CONTRIBUTION
BALANCE

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

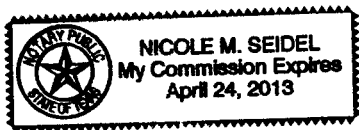
\$ **16,566.99**

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 **12TH** day of **July**, 20 **12**, to certify which, witness my hand and seal of office.

Nicole M. Seidel

Nicole M. Seidel

Notary

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 1

2 FILER NAME
JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date
1/17/12

5 Full name of contributor out-of-state PAC (ID#: _____)
**FORT WORTH PROFESSIONAL FIREFIGHTERS
COMMITTEE FOR RESPONSIBLE GOVERNMENT**

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

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

5,000

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 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 of Texas, complete Schedule T)

Principal occupation / 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 of Texas, complete Schedule T)

Principal occupation / 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 of Texas, complete Schedule T)

Principal occupation / 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 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 4 | 2 FILER NAME JUNGUS JORDAN | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 1-5-12 | 5 Payee name JULIE'S FRESH KITCHEN | |
| 6 Amount (\$) 120.27 | 7 Payee address; City; State; Zip Code 6256 McCART AVENUE FORT WORTH, TEXAS 76133 | |
| 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) CITIZENS ON PATROL BREAKFAST |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 1-27-12 | Payee name BIRDVILLE EDUCATION FOUNDATION | |
| Amount (\$) 100.00 | Payee address; City; State; Zip Code 6125 EAST BELKNAP HALTOM CITY, TEXAS 76117 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) GIFT/AWARDS/MEMORIALS EXP. | Description (If travel outside of Texas, complete Schedule T) CONTRIBUTION to Education Fund |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 2-4-12 | Payee name MEXICAN AMERICAN COLLEGE EDUCATION FUND, INC. | |
| Amount (\$) 100.00 | Payee address; City; State; Zip Code P. O. BOX 471752 FORT WORTH, TEXAS 76147 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) GIFT/AWARDS/MEMORIALS EXP. | Description (If travel outside of Texas, complete Schedule T) CONTRIBUTION EDUCATION FUND |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 2-11-12 | Payee name DONUT PALACE | |
| Amount (\$) 27.92 | Payee address; City; State; Zip Code 5400 WOODWAY DRIVE FORT WORTH, TEXAS 76133 | |
| 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) REFRESHMENTS ADVISORY GROUP |
| 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

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 4 | | 2 FILER NAME JUNGUS JORDAN | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 2-11-12 | | 5 Payee name ALBERTSON'S | | | |
| 6 Amount (\$) 36.⁹⁷/_{XX} | | 7 Payee address; City; State; Zip Code 2150 N. JOSEY LANE CARROLLTON, TEXAS 75006 | | | |
| 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) REFRESHMENTS - ADVISORY GROUP | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 2-22-12 | | Payee name RISE AND SHINE RESTAURANT | | | |
| Amount (\$) 114.⁶⁵/_{XX} | | Payee address; City; State; Zip Code 3636 ALTA MESA BLVD. FORT WORTH, TEXAS 76133 | | | |
| 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 FOR CODE COMPLIANCE GROUP | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 3-11-12 | | Payee name THE BREAKFAST CLUB OF FORT WORTH | | | |
| Amount (\$) 97.⁰⁰ | | Payee address; City; State; Zip Code 333 THROCKMORTON STREET # 808 FORT WORTH, TEXAS 76102 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) OTHER - DUES | | Description (If travel outside of Texas, complete Schedule T) MEMBERSHIP QUARTERLY DUES | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 3-15-12 | | Payee name SOUTH HILLS BAPTIST CHURCH | | | |
| Amount (\$) 75.⁰⁰ | | Payee address; City; State; Zip Code 7350 GRANBURY ROAD FORT WORTH, TEXAS 76123 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) EVENT EXPENSE | | Description (If travel outside of Texas, complete Schedule T) RENTAL FOR MEETING SPACE | |
| 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: 3 of 4 | 2 FILER NAME JUNGUS JORDAN | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 4-3-12 | 5 Payee name CHRISTIAN PRAYER BREAKFAST - FORT WORTH | |
| 6 Amount (\$) 40.00 | 7 Payee address; City; State; Zip Code 1812 WESTOVER SQUARE FORT WORTH, TEXAS 76107 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) EVENT EXPENSE / GIFT | (b) Description (If travel outside of Texas, complete Schedule T) ATTEND PRAYER EVENT |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|---|---|
| Date 5-5-12 | Payee name DONUT PALACE | |
| Amount (\$) 28.92 / 4x | Payee address; City; State; Zip Code 5400 WOODWAY DRIVE FORT WORTH, TEXAS 76133 | |
| 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) REFRESHMENTS - Advisory Group |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|---|---|
| Date 5-5-12 | Payee name ALBERTSONS | |
| Amount (\$) 46.46 | Payee address; City; State; Zip Code 2150 N. JOSEY LANE CARROLLTON, TEXAS 75006 | |
| 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) REFRESHMENTS - ADVISORY GROUP |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|--|---|
| Date 5-12-12 | Payee name MEALS ON WHEELS OF TARRANT COUNTY | |
| Amount (\$) 100.00 | Payee address; City; State; Zip Code 320 SOUTH FREEWAY FORT WORTH, TEXAS 76104 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) GIFT/AWARDS/MEMORIALS EXPENSE | Description (If travel outside of Texas, complete Schedule T) CHARITABLE CONTRIBUTION |
| 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

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 4 | 2 FILER NAME JUNGUS JORDAN | 3 ACCOUNT # (Ethics Commission Filers) |
|--|--------------------------------------|--|

| | |
|--------------------------|--|
| 4 Date 5-12-12 | 5 Payee name AMERICAN RED CROSS - NORTH TEXAS REGION |
|--------------------------|--|

| | |
|--------------------------------|--|
| 6 Amount (\$) 100.00 | 7 Payee address; City; State; Zip Code 1515 S. SYLVANIA AVENUE FORT WORTH, TEXAS 76111 |
|--------------------------------|--|

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

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

| | |
|------------------------|---|
| Date 6-25-12 | Payee name THE BREAKFAST CLUB OF FORT WORTH |
|------------------------|---|

| | |
|-----------------------------|--|
| Amount (\$) 97.00 | Payee address; City; State; Zip Code 333 THROCKMORTON STREET # 808 FORT WORTH, TEXAS 76102 |
|-----------------------------|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) OTHER - DUES | Description (If travel outside of Texas, complete Schedule T) MEMBERSHIP QUARTERLY DUES |
|------------------------|---|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------------|--|
| Date 6-25-12 | Payee name COMBINED ARTS MEDIA |
|------------------------|--|

| | |
|------------------------------|--|
| Amount (\$) 200.00 | Payee address; City; State; Zip Code P.O. BOX 171623 ARLINGTON, TEXAS 76003-1623 |
|------------------------------|--|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | Description (If travel outside of Texas, complete Schedule T) WEB SITE HOSTING |
|------------------------|--|--|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED