

CITY SECRETARY / OFFICEHOLDER
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:

9

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

MR.

JUNGUS

F.

NICKNAME

LAST

SUFFIX

JORDAN

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5316 STARRY COURT

FORT WORTH, TEXAS 76125

change of address



5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 343-2978

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

MRS.

ELAINE

NICKNAME

LAST

SUFFIX

PETRUS

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3736 COUNTRY CLUB CIRCLE

FORT WORTH, TEXAS 76109

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 924-8898

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

THROUGH

Month

Day

Year

01 / 01 / 2014

06 / 30 / 2014

11 ELECTION

Month

ELECTION DATE

Day

Year

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

CITY COUNCIL MEMBER
CITY OF FORT WORTH
DISTRICT 6

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)

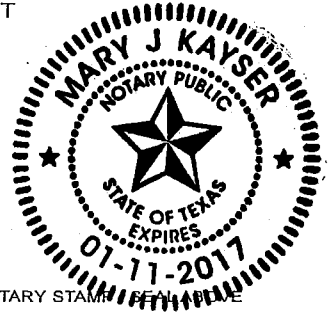
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		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	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>246.13</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1997.56</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>46,950.11</u>
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

Sworn to and subscribed before me, by the said Jungus Jordan, this the 14th day of July, 20 14, to certify which, witness my hand and seal of office.

MJ Kayser
Signature of officer administering oath

MARY J KAYSER
Printed name of officer administering oath

Clayton
Title of officer administering oath

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 7	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1-18-14	5 Payee name RAILHEAD SMOKEHOUSE	
6 Amount (\$) 58.85	7 Payee address; City; State; Zip Code 2900 MONTGOMERY STREET FORT WORTH, TEXAS 76107	
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) Discus Issues with Advisors
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 1-22-14	Payee name PARIS COFFEE SHOP	
Amount (\$) 19.64	Payee address; City; State; Zip Code 704 MAGNOLIA FORT WORTH, TEXAS 76104	
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) MEET/BREAKFAST with Advisor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 2-19-14	Payee name OL' SOUTH PANCAKE HOUSE	
Amount (\$) 22.66	Payee address; City; State; Zip Code 1509 S. UNIVERSITY FORT WORTH, TEXAS 76107	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 5-19-14	Payee name CHARLESTON'S RESTAURANT	
Amount (\$) 26.74	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) Meeting with Advisor
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 7	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1-22-14	5 Payee name REATA RESTAURANT
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6 Amount (\$) 70.59	7 Payee address; City; State; Zip Code 310 HOUSTON STREET FORT WORTH, TEXAS 76102
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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) DISCUSS TRANSPORTATION ISSUE
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-29-14	Payee name CHARLESTON'S RESTAURANT
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Amount (\$) 49.85	Payee address; City; State; Zip Code 3020 SOUTH 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) DISCUSS TRANSPORTATION ISSUE
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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 1-30-14	Payee name TEXAS ASSOCIATION OF BLACK CITY COUNCIL MEMBERS
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Amount (\$) 50.00	Payee address; City; State; Zip Code 1821 RUTHERFORD LANE, STE. 400 AUSTIN, TEXAS 78754-5101
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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
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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 1-31-14	Payee name ALBERTSON'S
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Amount (\$) 55.60	Payee address; City; State; Zip Code 225 E. SPRING ST. WEATHERFORD, TEXAS 76132
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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) MEETING WITH ADVISORS
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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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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 7		2 FILER NAME JUNGUS JORDAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-1-14		5 Payee name THE DONUT PALACE II			
6 Amount (\$) 28.50		7 Payee address; City; State; Zip Code 5400 WOODWAY DRIVE 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) MEETING WITH ADVISORS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2-1-14		Payee name STARBUCKS STORE # 9848			
Amount (\$) 97.43		Payee address; City; State; Zip Code 5000 TRAIL LAKE 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) MEETING WITH ADVISORS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2-5-14		Payee name THE BREAKFAST CLUB OF FORT WORTH			
Amount (\$) 97.00		Payee address; City; State; Zip Code 333 THROCKMORTON #808 FORT WORTH, TEXAS 76102			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OTHER		Description (If travel outside of Texas, complete Schedule T) QUARTERLY DUES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-20-14		Payee name BIRD CAFE			
Amount (\$) 35.23		Payee address; City; State; Zip Code 155 E. 14TH STREET FORT WORTH, TEXAS 76102			
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) MEET TO DISCUSS ISSUE	
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: # of 7	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3-31-14	5 Payee name REATA RESTAURANT	
6 Amount (\$) 38.29	7 Payee address; City; State; Zip Code 310 HOUSTON 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) DISCUSS TRANSPORTATION ISSUE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4-3-14	Payee name BIRD CAFE	
Amount (\$) 48.05	Payee address; City; State; Zip Code 155 E. 4TH ST. FORT WORTH, TEXAS 76102	
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) MEET WITH TRANSPORTATION ADVISOR
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4-15-14	Payee name CHARLESTON'S RESTAURANT	
Amount (\$) 48.86	Payee address; City; State; Zip Code 3020 S. HULEW 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) DISCUSS POLITICAL ISSUE
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4-14-14	Payee name KAY GRANGER CAMPAIGN FUND	
Amount (\$) 200.00	Payee address; City; State; Zip Code 715 JONES STREET, SUITE 101 FORT WORTH, TEXAS 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRIBUTIONS / DONATIONS MADE BY OFFICEHOLDER	Description (If travel outside of Texas, complete Schedule T) POLITICAL CONTRIBUTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name KAY GRANGER	Office sought Office held U.S. HOUSE OF REPRESENTATIVE

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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: 5 of 7	2 FILER NAME Jungus JORDAN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5-2-14	5 Payee name THE GREATER FORT WORTH COMMUNITY CHARITIES
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6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 3850 SILVERTON CIRCLE, SUITE 1301 FORT WORTH, TEXAS 76133
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRIBUTIONS/DONATIONS MADE BY OFFICEHOLDER	(b) Description (If travel outside of Texas, complete Schedule T) "THANK YOU BAR B QUE"
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/7/14	Payee name CHUY'S SOUTH 7TH
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Amount (\$) 59.27	Payee address; City; State; Zip Code 2401 W. 7TH STREET, SUITE 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) THANK YOU LUNCHEON
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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 5/15/14	Payee name IHOP STORE # 1465
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Amount (\$) 59.36	Payee address; City; State; Zip Code 5901 S.W. LOOP 820 FORT WORTH, TEXAS 76132
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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) THANK YOU + POLICY DISCUSSION
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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 5/14/14	Payee name CHARLESTON'S RESTAURANT
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Amount (\$) 38.48	Payee address; City; State; Zip Code 3020 SOUTH HULEW 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) DISCUSS Public Safety Issue
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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: 5 of 7	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5-15-14	5 Payee name COOL RIVER CAFE
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6 Amount (\$) 44.24	7 Payee address; City; State; Zip Code 1045 HIDDEN RIDGE ROAD IRVING, TEXAS 75038
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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) DISCUSS TRANSPORTATION ISSUE
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/6/14	Payee name REATA RESTAURANT
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Amount (\$) 31.90	Payee address; City; State; Zip Code 310 HOUSTON STREET FORT WORTH, TEXAS 76102
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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) Meet with Education Advisor
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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 5-24-14	Payee name CHARLESTON'S RESTAURANT
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Amount (\$) 50.67	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) DISCUSS Neighborhood ISSUES
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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 6-17-14	Payee name HOP STORE # 1465
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Amount (\$) 46.73	Payee address; City; State; Zip Code 5901 S.W. LOOP 820 FORT WORTH, TEXAS 76132
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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) THANK YOU BREAKFAST
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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: 7 of 7	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6-22-14	5 Payee name THE ROTARY CLUB OF FORT WORTH
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6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 306 W. 7th STREET, SUITE 715 FORT WORTH, TEXAS 76102-4900
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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) SEMI-ANNUAL 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 6-19-14	Payee name REATA RESTAURANT
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Amount (\$) 33.93	Payee address; City; State; Zip Code 310 HOUSTON STREET FORT WORTH, TEXAS
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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) Meet with Advisor
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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 6-11-14	Payee name CHARLESTON'S RESTAURANT
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Amount (\$) 39.56	Payee address; City; State; Zip Code 3020 S. HULEN STREET FORT WORTH, TEXAS 76109
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD BEVERAGE	Description (If travel outside of Texas, complete Schedule T) Meet with Advisor
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED