

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX**

**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: 32	
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, APT / SUITE #, CITY, STATE, ZIP CODE 5316 STARRY COURT FORT WORTH, TEXAS 76123			
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 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			Date Received JUL 15 2013 Date hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
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 / 2013 6 / 30 / 2013			
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, TX		13 OFFICE SOUGHT (if known)	

GOTOPAGE 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

\$ 25.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 27,905.00

EXPENDITURE
TOTALS

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

\$ 48

4. TOTAL POLITICAL EXPENDITURES

\$ 17,504.48

CONTRIBUTION
BALANCE

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

\$ 50,194.

OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 15th day of July, 20 13, to certify which, witness my hand and seal of office.

Mary Kayser
Signature of officer administering oath

MARY J KAYSER
Printed name of officer administering oath

City Secretary
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 16

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1-30-13

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

GOOD GOVERNMENT FUND (PAC)

6 Contributor address; City; State; Zip Code

**201 MAIN STREET, SUITE 2500
FORT WORTH, TEXAS 76102-3194**

7 Amount of contribution (\$)

750.00

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

1-30-13

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

PSEL PAC

Contributor address; City; State; Zip Code

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

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-27-13

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

HAYDN H. CUTZER, JR.

Contributor address; City; State; Zip Code

**3825 CAMP BOWIE
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)

Date

3-1-13

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

CONSERVATIVE VOTERS FORUM

Contributor address; City; State; Zip Code

**1144 TERRACE TRAIL
HURST, TEXAS 76053**

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

3-9-13

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

JOHN M. STEVENSON

Contributor address; City; State; Zip Code

**1207 HILLCREST STREET
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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
2 of 16

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-9-13

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

MICHAEL COHEN

6 Contributor address; City; State; Zip Code

4223 ALTA MESA
FORT WORTH, TEXAS 76133

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

3-10-13

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

KENNETH L. BARR

Contributor address; City; State; Zip Code

3101 AVONDALE AVENUE
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

3-11-13

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

Robert W. and Nancy R. Cooper

Contributor address; City; State; Zip Code

7312 LEMON WOOD LANE
FORT WORTH, TEXAS 76133-7010

Amount of contribution (\$)

135.⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-11-13

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

GARY FICKES CAMPAIGN

Contributor address; City; State; Zip Code

4021 HILLTOP DRIVE
SOUTHLAKE, TEXAS 76092

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

3-11-13

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

JAMES R. DUNAWAY

Contributor address; City; State; Zip Code

777 TAYLOR ST., STE 1050
FORT WORTH, TEXAS 76102-4910

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:

3 of 16

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-12-13

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

3-12-13

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

JOHNNY W. STEVENS

Contributor address: City: State: Zip Code

1223 N. ROCK ROAD #4200
WICHITA, KANSAS 67206

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

3-12-13

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

MR. & MRS. JOHN 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

3-12-13

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

WILL A. COURTNEY

Contributor address: City: State: Zip Code

P.O. BOX 121488
FORT WORTH, TEXAS 76121

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

3-9-13

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

WILLIAM B. and PATRICIA J GORDON

Contributor address: City: State: Zip Code

5201 WINIFRED
FORT WORTH, TEXAS 76133

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:

4 of 16

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-13-13

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

GREATER FORT WORTH ASSOCIATION OF REALTORS - FOR PAC NON CORPORATE

6 Contributor address; City; State; Zip Code

2650 PARKVIEW DRIVE
FORT WORTH, TEXAS 76102

7 Amount of contribution (\$)

1,000.⁰⁰

(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

3-13-13

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

LINEBARGER, GOGGAN, BLAR, SAMPSON, LLP

Contributor address; City; State; Zip Code

ATTORNEYS AT LAW
P.O. BOX 17428
AUSTIN, TEXAS 78760

Amount of contribution (\$)

2,500.⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-15-13

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

HALFF ASSOCIATES - STATE PAC

Contributor address; City; State; Zip Code

1201 N. BOWSER ROAD
RICHARDSON, TEXAS 75081

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

3-15-13

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

G. MALCOLM LOUDEN

Contributor address; City; State; Zip Code

500 W. 7th ST., UNIT 27, STE. 1007
FORT WORTH, TEXAS 76102

Amount of contribution (\$)

2,500.⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-15-13

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

WILLIAM and LUCY C. CONLEY

Contributor address; City; State; Zip Code

P.O. BOX 128
BONDURANT, WYOMING

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:

5 of 16

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-15-13

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

STACEY L. JANDRUCKO

6 Contributor address; City; State; Zip Code

617 WESTWOOD AVENUE
FORT WORTH, TEXAS 76107

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

3-17-13

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

TIMOTHY and ELAINE PETRUS

Contributor address; City; State; Zip Code

3736 COUNTRY CLUB, CIRCLE
FORT WORTH, TEXAS 76109

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

3-19-13

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

JACKIE D. BEWLEY

Contributor address; City; State; Zip Code

2200 S. RIVERSIDE DRIVE
FORT WORTH, TEXAS 76104

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

3-20-13

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

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-9-13

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

MARGARET L. THOMAS

Contributor address; City; State; Zip Code

5005 COCKRELL AVENUE
FORT WORTH, TEXAS 76133

Amount of contribution (\$)

25.00

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 16

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-10-13

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

EDITH S. JONES

6 Contributor address; City; State; Zip Code

4113 WILLOW WAY ROAD
FORT WORTH, TEXAS 76133

7 Amount of contribution (\$)

25.⁰⁰

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

3-10-13

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

JUANITA N. KIRTLEY

Contributor address; City; State; Zip Code

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

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

3-13-13

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

GLEN and LEIDE BUCY

Contributor address; City; State; Zip Code

5420 OLD ORCHARD DRIVE
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

3-11-13

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

MARTY L. and LU A. MOSKOWITZ

Contributor address; City; State; Zip Code

7137 WIND CHIME
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

3-11-13

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

DIETER W. and MARY E. SATZ

Contributor address; City; State; Zip Code

4305 MISTY MEADOW DRIVE
FORT WORTH, TEXAS 76133-7021

Amount of contribution (\$)

25.⁰⁰

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:

7 of 16

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-11-13

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

VERNELL and DEBRA STURNS

6 Contributor address; City; State; Zip Code

612 HIGHWOODS TRAIL
FORT WORTH, TEXAS 76112

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

3-11-13

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

PAULA A. and GEDGE & MACKAY

Contributor address; City; State; Zip Code

5104 GOLDEN LANE
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

3-11-13

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

JAMES N. and GLORIA N. AUSTIN

Contributor address; City; State; Zip Code

2017 TEAKWOOD TREE
FORT WORTH, TEXAS 76112-5430

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

3-12-13

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

GARY W. TERRY

Contributor address; City; State; Zip Code

117 SHADY LANE CT.
HURST, TEXAS 76054

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

3-12-13

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

CYRUS R. FRANCIS, JR. and NINA FRANCIS

Contributor address; City; State; Zip Code

2104 BETTIBART STREET
FORT WORTH, TEXAS 76134-1012

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)

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 16

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-12-13

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

WILSON J. and CAROL LINDSAY

6 Contributor address; City; State; Zip Code

4345 CARTEGENA
FORT WORTH, TEXAS 76133

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

3-12-13

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

JESS and JEANICE JOHNSTON

Contributor address; City; State; Zip Code

5205 WESTHAUEN DRIVE
FORT WORTH, TEXAS 76132

Amount of contribution (\$)

25.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-13-13

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

WILLIAM W. COLLINS, JR.

Contributor address; City; State; Zip Code

1320 S. UNIVERSITY DRIVE, Suite 825
FORT WORTH, TEXAS 76107

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

3-13-13

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

JEWELL M. WOODS

Contributor address; City; State; Zip Code

6125 WALES COURT
FORT WORTH, TEXAS 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

3-13-13

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

JOSEPH D. and JAMES L. BENNETT

Contributor address; City; State; Zip Code

4025 WEDGORTH ROAD S.
FORT WORTH, TEXAS 76133

Amount of contribution (\$)

35.00

(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: 9 OF 16	
2 FILER NAME JUNGUS JORDAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-19-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WINSTON D. and DIXIE D. SEAMAN	7 Amount of contribution (\$) 35.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 7320 LEMON WOOD LANE FORT WORTH, TEXAS 76133-7010	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3-15-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT G. and MARSHA R. WEST	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 7012 ALLEN PLACE DRIVE FORT WORTH, TEXAS 76116-9300	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-15-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: VERNON W. and NANCY M. BRYANT	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1712 CARLETON FORT WORTH, TEXAS 76107	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-14-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT E. BOLEN	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4213 CANDLEWIND LANE FORT WORTH, TEXAS 76133	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-14-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHARLES E. and SUZANNE H. WELLS	Amount of contribution (\$) 35.00	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)	

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 16	
2 FILER NAME JUNGUS JORDAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3-14-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas J. and Karen Williams	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 4408 RANCHOVIEW ROAD FORT WORTH, TEXAS 76109	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3-15-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT E. TERRELL	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 7629 NUTWOOD PLACE FORT WORTH, TEXAS 76133	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-15-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANN SUTHERLAND and DAVID BURLINGAME	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4028 ARAGON DRIVE FORT WORTH, TEXAS 76133	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-16-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: H. NEIL VAN GERM and MARY B. VANGERM	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3708 WAYLAND DRIVE FORT WORTH, TEXAS 76133	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3-16-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ELIZABETH MENEFFEE	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4005 TOLEDO AVENUE FORT WORTH, TEXAS 76133	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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 16

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-16-13

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

MARTIN S. MOORE

6 Contributor address; City; State; Zip Code

6317 WAKELAND COURT
FORT WORTH, TEXAS 76133

7 Amount of contribution (\$)

250.⁰⁰

(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

3-16-13

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

WILLIAM D. and ANN M. GREENHILL

Contributor address; City; State; Zip Code

1608 ASHLAND AVENUE
FORT WORTH, TEXAS 76107-3808

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

3-16-13

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

E.A. and BARNEY B. HOLLAND, JR.

Contributor address; City; State; Zip Code

3647 ENCANTO DRIVE
FORT WORTH, TEXAS 76109-3545

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

3-18-13

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

LEE NICOL

Contributor address; City; State; Zip Code

2929 W. 5th STREET, STE. A
FORT WORTH, TEXAS 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

3-18-13

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

VIETNAMESE - AMERICAN PAC

Contributor address; City; State; Zip Code

8033 SUNSCAPE LANE
FORT WORTH, TEXAS 76123

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:
12 of 16

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-19-13

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

REED K. BILZ

6 Contributor address; City; State; Zip Code

6130 HALEY LANE
FORT WORTH, TEXAS 76132

7 Amount of contribution (\$)

50.00

(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

3-19-13

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

STEPHEN R. and DENISE McCUNE

Contributor address; City; State; Zip Code

5316 WOODWAY DRIVE
FORT WORTH, TEXAS 76133

Amount of contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-19-13

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

MR. and MRS. ROBERT D. BROWN

Contributor address; City; State; Zip Code

328 CHATEAU DRIVE
FORT WORTH, TEXAS 76134

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

3-19-13

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

JULIE H. WILSON

Contributor address; City; State; Zip Code

333 THROCKMORTON ST. #615
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

3-19-13

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

HARRY "TREV" B. HARRIS III

Contributor address; City; State; Zip Code

6250 WHEATON DRIVE
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:

13 of 16

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-19-13

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

JESSE P. and JOLINDA MARTINEZ

6 Contributor address; City; State; Zip Code

4262 CADIZ
FORT WORTH, TEXAS 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

3-19-13

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

GLEN A. and MARGARET ESTES

Contributor address; City; State; Zip Code

6909 CHURCH PARK DRIVE
FORT WORTH, TEXAS 76133

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

3-19-13

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

GERALDINE A. UTSEY

Contributor address; City; State; Zip Code

6126 WOODGARDEN LANE
BENBROOK, TEXAS 76132-1041

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

3-20-13

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

Thomas A. and Adelaide LEAVENS

Contributor address; City; State; Zip Code

3839 SOUTH HILLS CIRCLE
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

3-21-13

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

DAVID and NANCY MARCKS

Contributor address; City; State; Zip Code

3124 CLOVER MEADOW DRIVE
FORT WORTH, TEXAS 76123

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)

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 16

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-22-13

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

MARTHA V. LEONARD

6 Contributor address; City; State; Zip Code

1411 SHADY OAKS LANE

FORT WORTH, TEXAS 76107

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

3-25-13

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

RICE TILLEY

Contributor address; City; State; Zip Code

201 MAIN STREET, STE. 2200

FORT WORTH, TEXAS 76102

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

3-25-13

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

R. DENNY ALEXANDER

Contributor address; City; State; Zip Code

4200 S. HULEN ST., SUITE 617

FORT WORTH, TEXAS 76109-4911

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

3-25-13

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

MICHAEL VARGAS

Contributor address; City; State; Zip Code

5309 MEADOW VALLEY DRIVE

FORT WORTH, TX 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

3-19-13

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

CAROL GRAVES

Contributor address; City; State; Zip Code

5658 VEGA DRIVE

FORT WORTH, TX 76133

Amount of contribution (\$)

25.00

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 16

2 FILER NAME

JUNGUS JORDAN

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-3-13

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

BRIAN LEE and MICHELLE RANDOLPH

6 Contributor address: City: State: Zip Code

3013 MAHAN COURT
GRAPEVINE, TEXAS 76051

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

4-3-13

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

MIKE and ROSIE MONCRIEF

Contributor address: City: State: Zip Code

777 TAYLOR STREET, STE. 1030
FORT WORTH, TEXAS 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

4-5-13

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

JAMES R. TOAL

Contributor address: City: State: Zip Code

341 NURSERY LANE
FORT WORTH, TEXAS 76114

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

4-5-13

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

MARILYN F. and MICHAEL K BERRY

Contributor address: City: State: Zip Code

6217 GENOA ROAD
FORT WORTH, TEXAS 76116

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

3-21-13

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 (\$)

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)

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: 16 of 16	
2 FILER NAME JUNGUS JORDAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-1-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: OPEN CHANNELS, LLC, / TONYA VERSEY	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. BOX 12431 FORT WORTH, TEXAS 76110		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-9-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HAMMER AND NAILS - CLUB CANDIDATE	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 100 E. 15TH ST, STE 600 FORT WORTH, TEXAS 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-2-13	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 6301 GRANBURY CUT-OFF FORT WORTH, TEXAS 76132		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-7-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: APARTMENT ASSOCIATION OF TARRANT COUNTY PAC	Amount of contribution (\$) 2,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6350 BAKER BLVD. / RICHMOND HILLS FORT WORTH, TX 76118		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-9-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Q PAC	Amount of contribution (\$) 1,125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 301 COMMERCE ST. SUITE 3200 FORT WORTH, TEXAS 76102-4140		(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 14	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
---	--------------------------------------	--

4 Date 1-3-13	5 Payee name COUSINS BAR-B-Q
-------------------------	--

6 Amount (\$) 28.84	7 Payee address; City; State; Zip Code 6262 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) LUNCH WITH ADVISORS
--------------------------	--	---

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

Date 1-8-13	Payee name THE ROTARY CLUB OF Fort Worth
-----------------------	--

Amount (\$) 250.00	Payee address; City; State; Zip Code 306 WEST 7th Street, Suite 715 FORT WORTH, TEXAS 76102-4900
------------------------------	--

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

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

Date 1-8-13	Payee name THE ROTARY CLUB OF FORT WORTH
-----------------------	--

Amount (\$) 100.00	Payee address; City; State; Zip Code 306 WEST 7th Street, Suite 715 FORT WORTH, TEXAS 76102-4900
------------------------------	--

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) CHILDREN'S FUND CONTRIBUTION
------------------------	--	--

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

Date 1-8-13	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	Description (If travel outside of Texas, complete Schedule T) QUARTERLY DUES
------------------------	--	--

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

47584 / 17,423.22

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 14	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
---	--------------------------------------	--

4 Date 1-12-13	5 Payee name CHARLESTON'S RESTAURANT
--------------------------	--

6 Amount (\$) 37. ⁹³/_{XX}	7 Payee address; City; State; Zip Code 3020 S. HULEN FORT WORTH, TEXAS 76109
---	--

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
--------------------------	--	---

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

Date 1-16-13	Payee name OL' SOUTH PANCAKE HOUSE + Family Restaurant
------------------------	--

Amount (\$) 19. ⁹⁸/_{XX}	Payee address; City; State; Zip Code 1507 S. UNIVERSITY FORT WORTH, TX 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 1-17-13	Payee name CHARLESTON'S RESTAURANT
------------------------	--

Amount (\$) 28. ⁶⁹/_{XX}	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 1-18-13	Payee name CHARLESTON'S RESTAURANT
------------------------	--

Amount (\$) 40. ¹⁰/_{XX}	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 Advisors
------------------------	--	---

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: 3 of 14	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
---	--------------------------------------	--

4 Date 1-23-13	5 Payee name PICCOLO MONDO RESTAURANT
--------------------------	---

6 Amount (\$) 68.51 xx	7 Payee address: City: State: Zip Code 829 E. LAMAR ARLINGTON, TEXAS 76011
--------------------------------------	--

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
--------------------------	--	---

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

Date 2-14-13	Payee name HUMPERDINK'S RESTAURANT
------------------------	--

Amount (\$) 33.06 xx	Payee address: City: State: Zip Code 700 SIX FLAGS DRIVE ARLINGTON, TEXAS 76010
------------------------------------	---

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 2-16-13	Payee name COUSIN'S BAR-B-Q
------------------------	---------------------------------------

Amount (\$) 28.53 xx	Payee address: City: State: Zip Code 6262 MCCART AVE. 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) LUNCH WITH CONSTITUENT
------------------------	--	--

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

Date 2-20-13	Payee name CHARLESTON'S RESTAURANT
------------------------	--

Amount (\$) 47.05	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 ADVISORS
------------------------	--	---

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: 4 of 14	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
---	--------------------------------------	--

4 Date 2-22-13	5 Payee name PARIS COFFEE SHOP
--------------------------	--

6 Amount (\$) 19.98	7 Payee address; City; State; Zip Code 704 W. MAGNOLIA FORT WORTH, TEXAS 76104
-------------------------------	--

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

Date 2-27-13	Payee name OL' SOUTH PANCAKE HOUSE and Family Restaurant
------------------------	--

Amount (\$) 21.14 XX	Payee address; City; State; Zip Code 1507. 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 2-27-13	Payee name CHARLESTON'S RESTAURANT
------------------------	--

Amount (\$) 29.98 XX	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 2-27-13	Payee name THE EPPSTEIN GROUP
------------------------	---

Amount (\$) 7,500.00 XX	Payee address; City; State; Zip Code 4055 INTERNATIONAL PLAZA, SUITE 600 FORT WORTH, TEXAS 76109
---------------------------------------	--

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

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: 5 of 14		2 FILER NAME JUNGUS JORDAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-30-13		5 Payee name CITY OF FORT WORTH			
6 Amount (\$) 100.⁰⁰		7 Payee address, City, State, Zip Code 1000 THROCKMORTON STREET FORT WORTH, TEXAS 76102			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FEES		(b) Description (If travel outside of Texas, complete Schedule T) Application For place on BALLOT	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2-27-13		Payee name THE EPPSTEIN GROUP			
Amount (\$) 263.⁴³/_{XX}		Payee address, City, State, Zip Code 4055 INTERNATIONAL PLAZA, SUITE 600 FORT WORTH, TEXAS 76109			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other		Description (If travel outside of Texas, complete Schedule T) Web Site/Address Registration	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-1-13		Payee name PARIS COFFEE SHOP			
Amount (\$) 19.⁹⁷		Payee address, City, State, Zip Code 704 W. 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) BREAKFAST WITH ADVISOR	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-15-13		Payee name CHARLESTON'S RESTAURANT			
Amount (\$) 50.⁷⁷/_{XX}		Payee address, City, State, Zip Code 3020 S. HULEN FORT WORTH, TEXAS			
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 ADVISORS	
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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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 14	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
---	--------------------------------------	--

4 Date 3-8-13	5 Payee name RISE and SHINE RESTAURANT
-------------------------	--

6 Amount (\$) 74.60 / XX	7 Payee address; City; State; Zip Code 3636 ALTA MESA Boulevard 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) BREAKFAST FOR NPO'S
--------------------------	--	---

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

Date 3-22-13	Payee name RISE and SHINE RESTAURANT
------------------------	--

Amount (\$) 86.13 / XX	Payee address; City; State; Zip Code 3636 ALTA MESA BOULEVARD 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 ADVISORS
------------------------	--	--

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

Date 3-23-13	Payee name MOON DONUTS
------------------------	----------------------------------

Amount (\$) 33.27 / XX	Payee address; City; State; Zip Code 6901 MCCART AVENUE 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) JAVA WITH JUNGUS
------------------------	--	--

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

Date 3-23-13	Payee name ALBERTSONS GROCERY STORE
------------------------	---

Amount (\$) 45.08 / XX	Payee address; City; State; Zip Code 225 E. SPRING STREET WEATHER FORD, TEXAS 76132
----------------------------------	---

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) JAVA WITH JUNGUS
------------------------	--	--

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: 7 of 14	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
---	--------------------------------------	--

4 Date 3-19-13	5 Payee name COUSIN'S BAR-B-Q
--------------------------	---

6 Amount (\$) 442.⁸⁵/_{XX}	7 Payee address; City; State; Zip Code 6262 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) POLITICAL FUND RAISER
--------------------------	--	---

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

Date 3-20-13	Payee name REATA RESTAURANT
------------------------	---------------------------------------

Amount (\$) 48.⁷⁶/_{XX}	Payee address; City; State; Zip Code 310 HOUSTON 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) LUNCH WITH ADVISORS
------------------------	--	---

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

Date 3-21-13	Payee name REATA RESTAURANT
------------------------	---------------------------------------

Amount (\$) 36.¹⁸/_{XX}	Payee address; City; State; Zip Code 310 HOUSTON 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) LUNCH WITH ADVISOR
------------------------	--	--

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

Date 3-28-13	Payee name PARIS COFFEE SHOP
------------------------	--

Amount (\$) 38.⁵⁷/_{XX}	Payee address; City; State; Zip Code 704 W. 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) BREAKFAST WITH ADVISORS
------------------------	--	---

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: 8 of 14	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4-1-13	5 Payee name CHARLESTON'S RESTAURANT	
6 Amount (\$) 35.31 / XX	7 Payee address; City; State; Zip Code 3020 S. HULEN FORT WORTH, TEXAS 76109	
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 CONSTITUENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4-8-13	Payee name CHARLESTON'S RESTAURANT	
Amount (\$) 29.44 / XX	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 CONSTITUENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4-15-13	Payee name CHARLESTON'S RESTAURANT	
Amount (\$) 35.31 / XX	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 4-18-13	Payee name CHARLESTON'S RESTAURANT	
Amount (\$) 65.29 / XX	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 ADVISORS
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: 9 of 14	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
---	--------------------------------------	--

4 Date 4-20-13	5 Payee name CHARLESTON'S RESTAURANT
--------------------------	--

6 Amount (\$) 44.35 XX	7 Payee address; City; State; Zip Code 3020 S. HULEN FORT WORTH, TEXAS 76109
--------------------------------------	--

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
--------------------------	--	---

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

Date 4-22-13	Payee name CHARLESTON'S RESTAURANT
------------------------	--

Amount (\$) 32.06 XX	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 CONSTITUENT
------------------------	--	--

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

Date 4-23-13	Payee name CHARLESTON'S RESTAURANT
------------------------	--

Amount (\$) 26.19 XX	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 4-24-13	Payee name THE BREAKFAST CLUB
------------------------	---

Amount (\$) 97.00	Payee address; City; State; Zip Code 333 THROCKMORTON ST. # 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
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX B(a)

- | | | | |
|---------------------|------------------------------|--------------------------------|--|
| Advertising Expense | Gift/Words/Memorials Expense | Salary/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Equipment/Fundraising Expense | Transportation/Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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: 10 of 14	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
--	--------------------------------------	--

4 Date 4-24-13	5 Payee name CHARLESTON'S RESTAURANT
--------------------------	--

6 Amount (\$) 41.19 XX	7 Payee address; City; State; Zip Code 3020 S. HULEW FORT WORTH, TEXAS 76109
--------------------------------------	--

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
--------------------------	--	---

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

Date 4-25-13	Payee name THE EPPSTEIN GROUP
------------------------	---

Amount (\$) 1,367.31 XX	Payee address; City; State; Zip Code 4055 INTERNATIONAL PLAZA, SUITE 600 FORT WORTH, TEXAS 76109
---------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) INVITATION / FUND RAISER / CELEBRATE
------------------------	---	--

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

Date 4-25-13	Payee name CHARLESTON'S RESTAURANT
------------------------	--

Amount (\$) 30.52	Payee address; City; State; Zip Code 3020 SOUTH 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) LUNCH WITH ADVISOR
------------------------	--	--

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

Date 2-4-13	Payee name AUSTIN CLUB PARKING
-----------------------	--

Amount (\$) 20.00 XX	Payee address; City; State; Zip Code 110 EAST NINTH STREET AUSTIN, TEXAS 78701
------------------------------------	--

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

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: 11 of 14		2 FILER NAME JUNGUS JORDAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-29-13		5 Payee name IHOP RESTAURANT			
6 Amount (\$) 22.65		7 Payee address; City; State; Zip Code 3700 ALTA MESA BOULEVARD 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) BREAKFAST WITH CONSTITUENT	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-4-13		Payee name MOON DONUTS			
Amount (\$) 27.07 XX		Payee address; City; State; Zip Code 6901 MCCART AVENUE 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) JAVA WITH JUNGUS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-3-13		Payee name ALBERTSON'S GROCERY STORE			
Amount (\$) 32.38 XX		Payee address; City; State; Zip Code 225 E. SPRING ST. WEATHERFORD, TEXAS 76132			
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) JAVA WITH JUNGUS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5-13-13		Payee name U.S. POSTAL SERVICE			
Amount (\$) 46.00 XX		Payee address; City; State; Zip Code TRINITY RIVER STATION, HULW STREET FORT WORTH, TEXAS 76109			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD OTHER		Description (If travel outside of Texas, complete Schedule T) STAMPS FOR CORRESPONDENCE	
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: 12 of 14	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
--	--------------------------------------	--

4 Date 3-14-13	5 Payee name CITY CLUB OF FORT WORTH
--------------------------	--

6 Amount (\$) 306.⁸²/_{XX}	7 Payee address; City; State; Zip Code 301 COMMERCE STREET, SUITE 400 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) THURSDAY MORNING BREAKFAST
--------------------------	--	--

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

Date 5-21-13	Payee name THE GREATER FORT WORTH AREA CIVIC LEADERS ASSOCIATION
------------------------	--

Amount (\$) 250.⁰⁰/_{XX}	Payee address; City; State; Zip Code 3850 SILVERTON CIRCLE, SUITE 1301 FORT WORTH, TEXAS 76133
---	--

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) MAY 17th BAR-B-Q 10th MILITARY NAVAL AIR STATION
------------------------	--	--

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

Date 6-1-13	Payee name "SUPPORT OUR SOLDIERS" (SOS)
-----------------------	---

Amount (\$) 200.⁰⁰/_{XX}	Payee address; City; State; Zip Code 616 Shelby Road #C FORT WORTH, TEXAS 76140
---	---

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) DONATION TO Non Prof. + Support of MILITARY
------------------------	--	---

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

Date 6-3-13	Payee name THE EPPSTEIN GROUP
-----------------------	---

Amount (\$) 5,000.⁰⁰	Payee address; City; State; Zip Code 4055 INTERNATIONAL PLAZA, SUITE 600 FORT WORTH, TEXAS 76109
---	--

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

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: 13 of 14	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
--	--------------------------------------	--

4 Date 6-5-13	5 Payee name REATA RESTAURANT
-------------------------	---

6 Amount (\$) 26.03 XX	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) LUNCH WITH ADVISOR
--------------------------	--	--

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

Date 6-6-13	Payee name CHARLESTON'S RESTAURANT
-----------------------	--

Amount (\$) 44.35 XX	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 ADVISORS
------------------------	--	---

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

Date 6-7-13	Payee name CHARLESTON'S RESTAURANT
-----------------------	--

Amount (\$) 29.98	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 6-19-13	Payee name OL' SOUTH PANCAKE HOUSE and FAMILY RESTAURANT
------------------------	--

Amount (\$) 23.54 XX	Payee address; City; State; Zip Code 1507 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 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: 14 of 14	2 FILER NAME JUNGUS JORDAN	3 ACCOUNT # (Ethics Commission Filers)
--	--------------------------------------	--

4 Date 6-17-13	5 Payee name CHARLESTON'S RESTAURANT
--------------------------	--

6 Amount (\$) 33.¹²/_{XX}	7 Payee address; City; State; Zip Code 3020 SOUTH HULEW FORT WORTH, TEXAS 76109
--	---

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 ADVISOR
--------------------------	--	--

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

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

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

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

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

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

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

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

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

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED