

# 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:**

6

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS (MR) FIRST MI  
 NICKNAME LAST SUFFIX  
 Billy R.  
 Jordan

**OFFICE USE ONLY**

Date Received  
 2010 FEB 18 PM 2:51  
 WALLER COUNTY CLERK  
 ELECTIONS DIVISION  
 FILED  
 Date Hand-delivered or Date Postmarked  
 Receipt # Amount  
 Date Processed  
 Date Imaged

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 Change of Address

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
 P.O. Box 686 Waller, TX. 77484

**5 CANDIDATE / OFFICEHOLDER PHONE**

AREA CODE PHONE NUMBER EXTENSION  
 (979) 826-6175

**6 CAMPAIGN TREASURER NAME**

MS (MRS) / MR FIRST MI  
 NICKNAME LAST SUFFIX  
 Marsha L.  
 Jordan

**7 CAMPAIGN TREASURER ADDRESS**  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
 28358 Highway 6 Hempstead TX. 77445

**8 CAMPAIGN TREASURER PHONE**

AREA CODE PHONE NUMBER EXTENSION  
 (979) 826-6175

**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  
 1 / 1 / 10 THROUGH 1 / 21 / 10

**11 ELECTION**

ELECTION DATE ELECTION TYPE  
 Month Day Year  
 3 / 2 / 2010  Primary  Runoff  General  Special

**12 OFFICE**

OFFICE HELD (if any) OFFICE SOUGHT (if known)  
 - Waller Co Commissioner Pct. 2

**14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS**

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*  
 Name \_\_\_\_\_  
 Address / PO Box; Apt. / Suite #: City; State; Zip Code \_\_\_\_\_

additional pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Billy R. Jordan 16 ACCOUNT # (Ethics Commission Filer)

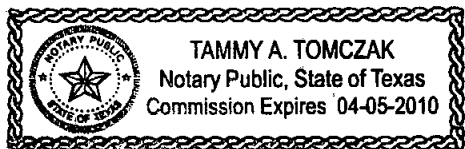
17 NOTICE FROM POLITICAL COMMITTEE(S)

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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ —
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 800. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,616. <sup>51</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 693. <sup>58</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1500. <sup>00</sup>

19 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.

Billy R. Jordan  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Billy R Jordan, this the 8 day of 2, 2010, to certify which, witness my hand and seal of office.

Tammy A Tomczak Signature of officer administering oath  
Tammy A Tomczak Printed name of officer administering oath  
 Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <u>Billy R. Jordan</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>1/15/10</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Findley Hamner</u>	7 Amount of contribution (\$) <u>100<sup>00</sup></u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>10109 Highway 105 Trlr. 2 Brenham TX 77833</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>1/15/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dunco Construction</u>	Amount of contribution (\$) <u>500.<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 357 Hockley, TX 77447</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>1/11/10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tom Brown</u>	Amount of contribution (\$) <u>200.<sup>00</sup></u>	In-kind contribution description (if applicable) <u>sign stakes</u>
Contributor address; City; State; Zip Code <u>40834 Kelley Rd Hempstead, TX 77445</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <p style="text-align: center;">1</p>
2 FILER NAME <p style="font-size: 1.2em;">Billy R. Jordan</p>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$		
5 Date of loan <p style="font-size: 1.2em;">1/14/10</p>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Marsha Jordan</p>	9 Loan Amount (\$) <p style="font-size: 1.2em;">500.-</p>
6 Is lender a financial Institution? <p style="text-align: center;">Y    (N)</p>	8 Lender address;    City;    State;    Zip Code <p style="font-size: 1.2em;">PO Box 686 Walker TX. 77484</p>	10 Interest rate <p style="text-align: center;">0</p>
		11 Maturity date <p style="text-align: center;">0</p>
12 Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">N/A</p>		13 Employer (See Instructions) <p style="font-size: 1.2em;">N/A</p>
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	16 Name of guarantor  ..... 17 Guarantor address;    City;    State;    Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan <p style="font-size: 1.2em;">1/15/10</p>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Marsha Jordan</p>	Loan Amount (\$) <p style="font-size: 1.2em;">1000.-</p>
Is lender a financial Institution? <p style="text-align: center;">Y    (N)</p>	Lender address;    City;    State;    Zip Code <p style="font-size: 1.2em;">P.O. Box 686 Walker TX 77484</p>	Interest rate <p style="text-align: center;">0</p>
		Maturity date <p style="text-align: center;">0</p>
Principal occupation / Job title (See Instructions) <p style="font-size: 1.2em;">N/A</p>		Employer (See Instructions) <p style="font-size: 1.2em;">N/A</p>
Description of Collateral <input checked="" type="checkbox"/> none		
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <u>1</u>
2 FILER NAME <u>Billy R. Jordan</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>1/11/10</u>	5 Payee name <u>More Than Signs</u> 6 Payee address; City; State; Zip Code <u>54171 Hwy 290 Hempstead, TX . 77445</u>	7 Amount (\$) <u>816.<sup>69</sup><sub>-</sub></u>
8 Purpose of payment (See instructions regarding type of information required.) <u>Advertising - signs/cards</u> (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <u>1/11/10</u>	Payee name <u>More Than Signs</u> Payee address; City; State; Zip Code <u>54171 Hwy 290 Hempstead, TX . 77445</u>	Amount (\$) <u>1,506.<sup>73</sup><sub>-</sub></u>
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <u>1/14/10</u>	Payee name <u>More Than Signs office</u> Payee address; City; State; Zip Code <u>54171 Hwy 290 Hempstead, TX . 77445</u>	Amount (\$) <u>433.<sup>00</sup><sub>-</sub></u>
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS** **SCHEDULE G**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 1

2 FILER NAME **Billy R. Jordan** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>1/4/10</b>	5 Payee name <b>More Than Signs</b> 6 Payee address; City; State; Zip Code <b>54171 Hwy 290 Hempstead TX. 77445</b> 7 Purpose of expenditure (See instructions regarding type of information required.) <b>Advertising - campaign signs and cards</b> <small>(If travel outside of Texas, complete Schedule T)</small>	8 Amount (\$) <b>816.69</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date <b>1/8/10</b>	Payee name <b>Bill R. Jordan for Co. Commissioner Peter</b> Payee address; City; State; Zip Code <b>PO Box 686 Waller, TX. 77484</b> Purpose of expenditure (See instructions regarding type of information required.) <b>Funds to open Campaign account (checking)</b> <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) <b>1,000.-</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date <b>1/12/10</b>	Payee name <b>Waller County Tax Office</b> Payee address; City; State; Zip Code <b>730 9th St. Hempstead TX. 77445</b> Purpose of expenditure (See instructions regarding type of information required.) <b>walk lists</b> <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) <b>43.40</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**