



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

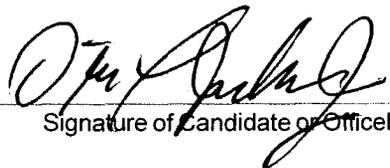
An exemption affidavit must be submitted with each paper report.

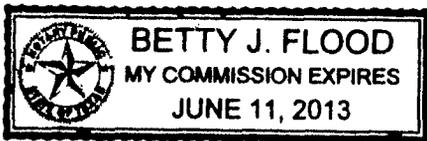
A candidate or officeholder who has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	10/27/09
Date Processed	
Date Imaged	

Filer name OTIS L. JORDAN	Account #
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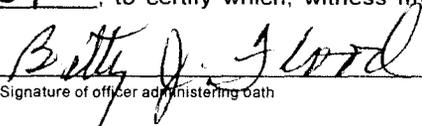
- I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the _____ report due on October 26, 2009. I understand that this affidavit is required to be filed with *each* campaign finance report for which I am claiming an exemption from electronic filing.


 Signature of Candidate or Officeholder



NOTARY STAMP / SEAL

Sworn to and subscribed before me by OTIS L. JORDAN
BETTY FLOOD this the 26th day of OCTOBER
 2009, to certify which, witness my hand and seal of office.


 Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
 ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

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:**

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR FIRST MI
 OTIS L.
 NICKNAME LAST SUFFIX
 JORDAN

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 7663 S. GLEN WILLOW
 MISSOURI CITY, TX 77489
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (281) 723-3700

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR FIRST MI
 Matthew
 NICKNAME LAST SUFFIX
 Rogers

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 3533 Parkwood
 HOUSTON TX 77021

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (281) 545-2834

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
 9 / 22 / 09 10 / 24 / 09

11 ELECTION

ELECTION DATE: Month Day Year ELECTION TYPE:
 11 / 03 / 09
 Primary
 Runoff
 General
 Special

12 OFFICE OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**
 N/A HOUSTON CITY COUNCIL DISTRICT D

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

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME OTIS L. 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. **

<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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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)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 16.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,521.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1150.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

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.

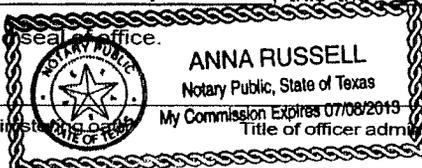
[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said OTIS JORDAN this the 27th day of October, 2009, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Printed name of officer administering oath: **ANNA RUSSELL**
Notary Public, State of Texas
My Commission Expires 07/08/2013
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:	
2 FILER NAME OTIS L JORDAN		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIRDIE Mae Kelly	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Missouri City, TX 77489		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RITA FORETICH	Amount of contribution (\$) \$ 100.00	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#: _____) MELVA THORNTON	Amount of contribution (\$) \$ 100.00	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#: _____) HOMER CLARK	Amount of contribution (\$) 100.00	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#: _____) KIMBERLY MILTON	Amount of contribution (\$) 60.00	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:
2 FILER NAME <i>OTIS L. JORDAN</i>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ↗ ↗ ↗ ↗ ↗ ↗		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Peggy PERKINS</i>	9 Loan Amount (\$) <i>1000.00</i>
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input 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	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME
OTIS L JORDAN

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/18

5 Payee name
Sharpe Signs & Graphics, Ltd.

7 Amount (\$)
\$1,000.00

6 Payee address; City; State; Zip Code
**4602 Dacoma Street
Houston TX 77092**

8 Purpose of payment (See instructions regarding type of information required.)
SIGNS

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

(If travel outside of Texas, complete Schedule T)

Date
10/12

Payee name
H.C.C.O. PAC
Payee address; City; State; Zip Code
**3810 Briley Street
Houston TX 77004**

Amount (\$)
\$1,000.00

Purpose of payment (See instructions regarding type of information required.)

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

(If travel outside of Texas, complete Schedule T)

Date
10/12

Payee name
H.C.C.O. PAC
Payee address; City; State; Zip Code
**3810 Briley Street
Houston TX 77004**

Amount (\$)
\$500.00

Purpose of payment (See instructions regarding type of information required.)

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

(If travel outside of Texas, complete Schedule T)

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

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

(If travel outside of Texas, complete Schedule T)

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:

3

2 FILER NAME

OTIS L. JORDAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/2

5 Payee name

City of Houston

6 Payee address; City; State; Zip Code

8 Amount (\$)

\$500.00

7 Purpose of expenditure (See instructions regarding type of information required.)

Filing fee - Council Member
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

9/16

Payee name

D-MARS.COM

Payee address; City; State; Zip Code

7322 Southwest Freeway, Ste. 806
Houston, TX 77074

Amount (\$)

\$1,250.00

Purpose of expenditure (See instructions regarding type of information required.)

Advertisement
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

9/22

Payee name

Sharper Signs & Graphics, Ltd.

Payee address; City; State; Zip Code

4602 Daedema
Houston, TX 77092

Amount (\$)

\$421.09

Purpose of expenditure (See instructions regarding type of information required.)

SIGNS
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

9/23

Payee name

Academy Awards

Payee address; City; State; Zip Code

4102 Farnin
Houston, TX 77004

Amount (\$)

\$553.00

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

9/25

Payee name

Sharper Signs & Graphics, Ltd.

Payee address; City; State; Zip Code

4602 Daedema
Houston, TX 77092

Amount (\$)

\$373.46

Purpose of expenditure (See instructions regarding type of information required.)

SIGNS
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

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: 3
2 FILER NAME OTIS L. JORDAN		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/25	5 Payee name Sharper Signs & Graphics, Ltd. 6 Payee address; City; State; Zip Code 4602 Daena Street Houston, TX 77092	8 Amount (\$) \$463.71
7 Purpose of expenditure (See instructions regarding type of information required.) Post CARDS (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 9/26	Payee name Fed Ex Rntkos Payee address; City; State; Zip Code 8330 Main Street Suite B Houston, TX 77025	Amount (\$) \$159.68
Purpose of expenditure (See instructions regarding type of information required.) Post Cards (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/8	Payee name Sharper Signs & Graphics, Ltd. Payee address; City; State; Zip Code 4602 Daena Street Houston, TX 77092	Amount (\$) \$391.01
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/15	Payee name Winkridge High School Band Payee address; City; State; Zip Code	Amount (\$) \$1,000.00
Purpose of expenditure (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Sharper Signs & Graphics, Ltd. Payee address; City; State; Zip Code 4602 Daena Street Houston, TX 77092	Amount (\$) \$3,100.00
Purpose of expenditure (See instructions regarding type of information required.) Signs (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED