₹ 6	d Yes	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	ssets, "unearned" i n? Do not answer "	Exemptions Have you excluded from this report any other ass because they meet all three tests for exemption? Standards of Official Conduct.	Exe
No	nt Yes	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	roved by the Commi ded from this repor	Trusts- Details regarding "Qualified Blind Trusts" apportusts need not be disclosed. Have you excluchied?	ſΩ
	TIONS	NATION ANSWER EACH OF THESE QUESTIONS	UST INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWE	EXCL
		schedule attached for each "Yes" response.		If yes, complete and attach Schedule V.	If ye
ropriate	ınd the appr	Each question in this part must be answered and the appropriate	Yes No 🗸	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	V. (mon
		If yes, complete and attach Schedule IX.		if yes, complete and attach Schedule IV.	If yes,
No C	Yes	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes No 🗸	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting	IV. nepo
š Š	Yes	VIII. current calendar year? If yes, complete and attach Schedule VIII.	Yes 🗸 No 🗌	Did you, your spouse, or a dependent child receive "unearmen" income or more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	III. more more
	in the	If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.	If ye
□ 8 <u>\$</u>	travel or 1 \$335 Yes	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Yes No	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	II. you f
		If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	If ye.
No E	Yes	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Yes 🗸 No 🗌	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	l. Of mo
		QUESTIONS	H OF THESE	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	PRELI
	late.		☐ Termination	e 🗹 Annual (May 15) 🗆 Amendment	Туре
n days	more than 30 days	Termination Date:	-)	7
alty shall	A \$200 penalty shall be assessed against anyone who files	Officer Or Employing Office: Employee		Member of the U.S. State: OH House of Representatives District: 4th	Filer Status
(Office, Use) Only) If the Common of the Com	Office, Us	(Daytime Telephone)		(Full Name)	
2010 MAY 13 PM 2: 39	Je 20	937-484-5811		James D. Jordan	
LEGIS! ATIVE RECOIDED	1 T			CALENDAR TEAR 2009 FINANCIAE DISCLOSURE STATEMENT	CACE
DELIVERED	DE	FORM A Page 1 of 4 For use by Members, officers, and employees	VTATIVES	UNITED STATES HOUSE OF REPRESENTATIVES	LIND
HAND				•	İ

SCHEDULE I - EARNED INCOME

Name James D. Jordan

Page 2 of 4

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
Graham Local School District	Spouse Salary	\$16,503

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Ohio State Teachers Retirement System	SP Ohio State Teachers \$: Retirement System	Ohio Public Employees Retirement System Not Self Significant System Not Self	Ohio Public Employees Def. Compensation Program Fidelity Contra Fund	Ohio Public Employees Def. Compensation Dodge & Cox Fund	Asset and/or income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	SCHEDULE III - ASSETS AND "UNEARNED" INCOME
\$1 - \$1,000	\$1,001 - \$15,000	\$100,001 - \$250,000	\$1,001 - \$15,000	\$1,001 - \$15,000	Pear-End Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Name James D. Jordan
INTEREST	INTEREST	INTEREST	DIVIDENDS	DIVIDENDS	BLOCK C Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and Interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.	Jordan
\$1 - \$200	\$201 - \$1,000	\$5,001 - \$15,000	\$1,001 - \$2,500	\$1,001 - \$2,500	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.	,
					BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	Page 3 of 4

SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name James D. Jordan	Jordan	_	Page 4 of 4
	PRC Printing & Publishing Victory: A Guide to Sports Nutrition at the Training Table (1994)	None	Other: NO ROYALTIES IN 2009	NONE	
71	Security National Bank	\$1 - \$1,000	INTEREST	\$1 - \$200	
Sp	Universal Guaranty Life	\$1,001 - \$15,000 INTEREST	INTEREST	\$1 - \$200	
	Universal Guaranty Life	\$1,001 - \$15,000 NTEREST	INTEREST	\$1 - \$200	

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