



Filing ID #10001529

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • B-106 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Mr. James D Jordan
Status: Member
State/District: OH04

FILING INFORMATION

Filing Type: Annual Report
Filing Year: 2013
Filing Date: 05/13/2014

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
JP Morgan Chase Bank HSA		\$1,001 - \$15,000	Interest	\$1 - \$200	<input type="checkbox"/>
Ohio Public Employees Retirement System Defined Benefit Plan		\$100,001 - \$250,000	None		<input type="checkbox"/>
Ohio State Teachers Retirement System Defined Benefit Plan	SP	\$15,001 - \$50,000	Interest	\$1,001 - \$2,500	<input type="checkbox"/>
Ohio State Teachers Retirement System Defined Benefit Plan		\$1 - \$1,000	Interest	\$1 - \$200	<input type="checkbox"/>
PRC Printing & Publishing Victory: A Guide to Sports Nutrition at the Training Table (1994)		None	Royalties	\$1 - \$200	<input type="checkbox"/>
Second National Bank	JT	\$1,001 - \$15,000	Interest	\$1 - \$200	<input type="checkbox"/>
Universal Guaranty Life	SP	\$1,001 - \$15,000	Interest	\$1 - \$200	<input type="checkbox"/>
Universal Guaranty Life		\$1,001 - \$15,000	Interest	\$1 - \$200	<input type="checkbox"/>

SCHEDULE B: TRANSACTIONS

None disclosed.

SCHEDULE C: EARNED INCOME

Source	Type	Amount
Sole proprietorship operated by spouse to teach art.	Sole proprietorship operated by spouse to teach art.	\$1,090
Ohio Public Employees Def. Compensation Plan	Ohio Public Employees Def. Compensation Plan	\$23,708

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	Second National Bank	June 2, 2003	Mortgage on Personal Residence, Urbana, OH	\$15,001 - \$50,000

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
1987	James D. Jordan - Ohio Public Employees Retirement System	Agreement with former employer, State of Ohio, during period of 1987 to 2006 for service credits toward retirement or permanent disability benefits. Not self-directed.

SCHEDULE G: GIFTS

None disclosed.

SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

None disclosed.

SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

IPO: Did you purchase any shares that were allocated as a part of an Initial Public Offering?

☐ Yes ☒ No

Trusts: Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics 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?

☐ Yes ☒ No

Exemption: 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?

☐ Yes ☒ No

COMMENTS

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Mr. James D Jordan , 05/13/2014