CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.	**1** Filer ID (Ethics Commission Filers)	**2** Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr FIRST: Jordan MI: C	**OFFICE USE ONLY**
	NICKNAME LAST: Buss SUFFIX	Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 39046 LBJ Boulevard, Starbase, TX 78521	

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (956) PHONE NUMBER 865-0195 EXTENSION	Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs FIRST: Rochelle MI: L	Receipt # Amount $
	NICKNAME LAST: Buss SUFFIX	Date Processed Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 39046 LBJ Boulevard, Starbase, TX 78521

8 CAMPAIGN TREASURER PHONE	AREA CODE (956) PHONE NUMBER 865-0195 EXTENSION

9 REPORT TYPE

- [x] January 15
- [ ] 30th day before election
- [ ] Runoff
- [ ] 15th day after campaign treasurer appointment (Officeholder Only)
- [ ] July 15
- [ ] 8th day before election
- [ ] Exceeded Modified Reporting Limit
- [ ] Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 7 / Day 16 / Year 25   THROUGH   Month 1 / Day 15 / Year 26

11 ELECTION

ELECTION DATE: Month 5 / Day 3 / Year 25

ELECTION TYPE:
- [ ] Primary
- [ ] Runoff
- [ ] Other Description
- [ ] General
- [x] Special

12 OFFICE	OFFICE HELD (if any) Commissioner	**13** OFFICE SOUGHT (if known) Commissioner

14 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

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	COMMITTEE NAME
[ ] GENERAL	COMMITTEE ADDRESS
[ ] SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
Jordan C Buss	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

18 SIGNATURE 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 of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

> NOTARY PUBLIC
> STATE OF TEXAS
> Grace Burrola
> My Commission Expires
> 1/16/2029
> Notary ID 124000669

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _Jordan Buss_ this the _4th_ day of _February_,

20 _26_, to certify which, witness my hand and seal of office.

Grace Burrola ____ _Grace Burrola_ ____ _Notary State of Texas_
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 ____.
(month) (year)

_____
Signature of Candidate/Officeholder (Declarant)