

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) N/A	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR (C) FIRST MI JEFFREY L. NICKNAME LAST SUFFIX LONG	OFFICE USE ONLY <hr/> Date Received <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 15 BRIMSTONE CT. THE WOODLANDS TX 77380		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 782-5423		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR (C) FIRST MI ROBERT M. NICKNAME LAST SUFFIX BOB BORSH JR.		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 22 GOLDEN PL. THE WOODLANDS TX 77381		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 381-8888		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 02 / 15 / 2010 03 / 29 / 2010		
11 ELECTION	ELECTION DATE Month Day Year 5 / 8 / 2010	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) BOARD OF DIRECTORS, THE WOODLANDS TOWNSHIP	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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. ** <hr/> Name <hr/> Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME JEFFERY L. LONG **16 ACCOUNT # (Ethics Commission Filers)** N/A

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"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <u>N/A</u>
		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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1905.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1425.00

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.

Jeffery Long
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jeff L. Long, this the 8 day of April, 2010, to certify which, witness my hand and seal of office.

Kim D. Cogburn Kim D. Cogburn Notary Public
Signature of officer administering oath 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>JEFFREY L. LONG</u>		3 ACCOUNT # (Ethics Commission filers) <u>N/A</u>	
4 Date <u>3.16.10</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>ROBERT A. BARTNICKI</u>	7 Amount of contribution (\$) <u>\$ 250⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>39 WATER TREE DR. THE WOODLANDS TX 77380</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>3.17.10</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>ROBERT M. BORSH JR.</u>	Amount of contribution (\$) <u>\$ 250⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>22 GOLDEN PL THE WOODLANDS TX 77381</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)	
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:	
2 FILER NAME JEFFREY L LONG		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄		\$ 1425.00	
5 Date of loan 3.15.10	7 Name of lender JEFF LONG <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$1,000.00	
6 Is lender a financial Institution? Y (N)	8 Lender address; City; State; Zip Code 15 BRIMSTONE CT THE WOODLANDS TX 77380	10 Interest rate 0	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) ENG.		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none			
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor		18 Amount Guaranteed (\$)
17 Guarantor address; City; State; Zip Code			
19 Principal Occupation		20 Employer	
Date of loan 3.29.10	Name of lender JEFF LONG <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) \$400.00	
Is lender a financial Institution? (M) (N)	Lender address; City; State; Zip Code 15 BRIMSTONE CT THE WOODLANDS TX 77380	Interest rate 0	
		Maturity date	
Principal occupation / Job title (See Instructions) ENG		Employer (See Instructions)	
Description of Collateral <input checked="" type="checkbox"/> none			
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code			
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.

LOANS		SCHEDULE E	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME JEFFREY L LONG		3 ACCOUNT # (Ethics Commission files)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$	
5 Date of loan 2.15.10	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFF LONG	9 Loan Amount (\$) \$ 25.00	
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 15 BRUNSTONE CT THE WOODLANDS TX 77380	10 Interest rate 0	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) ENG		13 Employer (See Instructions)	
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	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
MADE FROM PERSONAL FUNDS**

SCHEDULE G

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

2 FILER NAME JEFFREY LONG 3 ACCOUNT # (Ethics Commission filers)
N/A

4 Date <u>3/18/10</u>	5 Payee name <u>DANWALL, INC.</u> 6 Payee address; City; State; Zip Code <u>12404 Hwy 155 South Tyler, TX 75703</u> 7 Purpose of expenditure (See instructions regarding type of information required.) <u>PAYMENT FOR PURCHASE OF YARD SIGNS</u> (If travel outside of Texas, complete Schedule T)	8 Amount (\$) <u>\$ 997.39</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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✓ 3/29/10	Payee name <u>H OVER, COM</u> Payee address; City; State; Zip Code <u>5900 SAN FERNANDO Rd. Glendale CA 91202</u> Purpose of expenditure (See instructions regarding type of information required.) <u>PURCHASE POST CARD MILEAGE INFORMATION</u> (If travel outside of Texas, complete Schedule T)	Amount (\$) <u>\$ 908.50</u> <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.) (If travel outside of Texas, complete Schedule T)	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.) (If travel outside of Texas, complete Schedule T)	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.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME JEFFREY L. Long **16 ACCOUNT # (Ethics Commission Filers)** N/A

17 NOTICE FROM POLITICAL COMMITTEE(S)

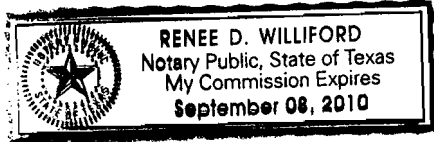
-- This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

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

additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3945.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2910.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1053.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1425.00

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.

Jeffrey L. Long
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jeffrey L. Long, this the 30th day of April, 2010, to certify which, witness my hand and seal of office.

Renee D. Williford Renee D. Williford Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

RW

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

1 of 5

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME JEFFREY L. LONG		3 ACCOUNT # (Ethics Commission filers) N/A	
4 Date 3.31.10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JONATHAN C. STAFFORD	7 Amount of contribution (\$) \$200⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 25 POSTVINE CT. THE WOODLANDS TX 77381		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3.30.10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TOM BOREN	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2 Hillcock Woods THE WOODLANDS TX 77380		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3.31.10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JONATHAN S. HOWARD	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14284 LACEVIEW LANE BROOMFIELD CO 80023		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.01.10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SHERRY MAYHILL	Amount of contribution (\$) \$300⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 15 BIRCHBROOK Ct. The WOODLANDS TX 77380		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3.31.10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bruce E. Cunningham	Amount of contribution (\$) \$50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2 Moonvine Ct. The WOODLANDS TX 77380		(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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

2 of 5

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME JEFFREY L. LONG		3 ACCOUNT # (Ethics Commission filers) N/A	
4 Date 3.31.10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ALISON DANIELS	7 Amount of contribution (\$) \$ 50⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5207 JERICHO CT. HOUSTON TX 77091		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3.31.10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DANNY J. MCCARTY	Amount of contribution (\$) \$ 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3 S. WATER TREE DR. THE WOODLANDS TX 77380		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3.31.10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: R.M. GALBRAITH	Amount of contribution (\$) \$ 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 171 N. TRANQUIL PATH DR. THE WOODLANDS TX 77380		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3.31.10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID H. BARR	Amount of contribution (\$) \$ 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 35 SOUTH GATE THE WOODLANDS TX 77380		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3.31.10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SABINA K. RAHMAN - GARCIA	Amount of contribution (\$) \$ 150⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12 BIRCHBROOK CT. THE WOODLANDS TX 77380		(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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

3 of 5

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME JEFFREY L. LONG		3 ACCOUNT # (Ethics Commission filers) N/A	
4 Date 3.31.10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN J. LEILICH	7 Amount of contribution (\$) \$300⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 11 CHESTNUT HILL CT. THE WOODLANDS TX 77380		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4.21.10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STUART L. SCHRÖEDER	Amount of contribution (\$) \$50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 28 W. Twinberry Pl. THE WOODLANDS TX 77381		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.21.10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Billy PARKER	Amount of contribution (\$) \$60⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3 SPOTTED DEER The WOODLANDS TX 77381		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.21.10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tim TAYLOR	Amount of contribution (\$) \$120⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 71 Heritage Hill Circle The WOODLANDS TX 77381		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.21.10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe SCHUMACHER	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 171 N. Mill Trace The WOODLANDS TX 77381		(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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

4 of 5

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME JEFFREY L. Long		3 ACCOUNT # (Ethics Commission filers) N/A	
4 Date 4.19.10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES UPHAM 6 Contributor address; City; State; Zip Code PO BOX 9678 THE WOODLANDS TX 77387	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4.8.10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT LUX Contributor address; City; State; Zip Code 66 W. PRIMER BEACH SPRING TX 77381	Amount of contribution (\$) \$115.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.18.10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL SAWYER Contributor address; City; State; Zip Code 12 BRIMSTONE CT THE WOODLANDS TX 77380	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.13.10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GARY MONTGOMERY Contributor address; City; State; Zip Code 10 OVERLYN PLACE THE WOODLANDS TX 77381	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4.28.10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JEFF MARTIN Contributor address; City; State; Zip Code 1578 ELDONWOOD DR LAWRENCE KS 66047	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable) FLYER MAILING
Principal occupation / Job title (See Instructions) Principle Engineer in Land Plan Engineering		Employer (See Instructions) Land Plan Engineering	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

5 of 5

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 5

2 FILER NAME JEFFREY L. Long 3 ACCOUNT # (Ethics Commission filers) N/A

4 Date <u>4.15.10</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>RICH QUINN</u>	7 Amount of contribution (\$) <u>\$ 300.00</u>	8 In-kind contribution description (if applicable) <u>WEB SITE DESIGN</u>
6 Contributor address; City; State; Zip Code <u>8830 Hoffsmith Tombrell TX 77375</u>		(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#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(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.

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>JEFFREY L. Long</u>		3 ACCOUNT # (Ethics Commission filers) <u>N/A</u>
4 Date <u>4.12.10</u>	5 Payee name <u>Automated Mailing Solutions</u> 6 Payee address; City; State; Zip Code <u>PO BOX 2389 SPRING TX 77383</u>	7 Amount (\$) <u>\$1452.23</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>Flyer Mailing - Mail service</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>4.28.10</u>	Payee name <u>Automated Mailing Solutions</u> Payee address; City; State; Zip Code <u>PO BOX 2389 SPRING TX 77383</u>	Amount (\$) <u>\$1452.23</u>
Purpose of payment (See instructions regarding type of information required.) <u>Flyer Mailing # 2 - Mail service</u> (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>4.10.10</u>	Payee name <u>BBVA COMPASS</u> Payee address; City; State; Zip Code <u>Greggans Mill Rd Brunsvca 77380</u>	Amount (\$) <u>\$6.00</u>
Purpose of payment (See instructions regarding type of information required.) <u>BANK Charge</u> (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