

STATE OF FLORIDA  
 APPOINTMENT OF CAMPAIGN TREASURER  
 AND DESIGNATION OF CAMPAIGN  
 DEPOSITORY FOR CANDIDATES  
 (Section 106.021(1), F.S.)  
 (PLEASE PRINT OR TYPE)

OFFICE USE ONLY

REVISED

1. CHECK APPROPRIATE BOX:

Original Appointment      Change in:     Treasurer/Deputy     Depository     Office     Party

2. Name of Candidate (in this order: First, Middle, Last)

DEBBIE JACKOW

3. Address (include post office box or street, city, state, zip code)

19450 MEREDITH RD  
 N. FORT MYERS FL 33917

4. Telephone (optional)

(239) 887-7711

5. E-mail address (optional)

DebbieJackow@gmail.com

6. Office sought (include district, circuit, group number)

COUNTY COMMISSION DISTRICT 4

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

9. I have appointed the following person to act as my     Campaign Treasurer     Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

DEBBIE JACKOW

11. Mailing Address (If post office box or drawer, also include street address)

19450 MEREDITH RD

12. Telephone

(239) 887-7711

13. City

N. FT. MYERS

14. County

LEE

15. State

FL

16. Zip Code

33917

17. E-mail address (optional)

18. I have designated the following bank as my     Primary Depository     Secondary Depository

19. Name of Bank

WACNOVIA

20. Street Address

5500 BAYSHORE RD

21. City

N. FORT MYERS

22. County

LEE

23. State

FL

24. Zip Code

33917

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

6/18/2010

26. Signature of Candidate

X Debbie Jackow

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, DEBBIE JACKOW, do hereby accept the appointment  
 (Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

6/18/10

Date

X Debbie Jackow

Signature of Campaign Treasurer or Deputy Treasurer

OFFICE USE ONLY

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

I, DEBBIE JACKOW,  
candidate for the office of COUNTY COMMISSION DISTRICT 4;  
have received, read and understand the requirements of Chapter 106,  
Florida Statutes.

10-FEB08M0150-SEL-ee-Cof-F1

X Debbie Jackow  
Signature of Candidate

2/8/10  
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**SCANNED**

**LOYALTY OATH**

(Sections 876.05-876.10, Florida Statutes)

**CANDIDATE WITH NO PARTY AFFILIATION**

STATE OF FLORIDA

COUNTY OF LEE

**OFFICE USE ONLY**

111477127

JACKOW, DEBORAH ANN  
19450 MEREDITH RD  
NORTH FORT MYERS FL 33917

I, <u>DEBORAH</u>	<u>A.</u>	<u>JACKOW</u>
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

**Important:** If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, DEBBIE JACKOW  
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate with no party affiliation for the office of COUNTY COMMISSION, 4  
(office) (district)  
; I am a qualified elector of LEE County, Florida;  
(circuit) (group)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

X Debbie Jackow ( )  
Signature of Candidate Telephone Number  
Address City

JACKOW, DEBORAH ANN  
19450 MEREDITH RD  
NORTH FORT MYERS FL 33917

111477127

Sworn to (or affirmed) and subscribed before me this 18th day of June, 2010.

Personally Known: \_\_\_\_\_ or  
Produced Identification:

Bernice Ramos Feliciano  
Signature of Notary Public – State of Florida  
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced:  
Florida Drivers License



Bernice Ramos Feliciano  
Commission # DD589927  
Expires October 19, 2010  
Bonded Troy Fain - Insurance, Inc 800-385-7019

10JUN18AM1007 SDE Lee Co FL

# FORM 6 FULL AND PUBLIC DISCLOSURE OF

2009

Please print or type your name, mailing address, agency name, and position below:

## FINANCIAL INTEREST

LAST NAME — FIRST NAME — MIDDLE NAME:

JACKOW, DEBORAH A.

MAILING ADDRESS:

19450 MEREDITH RD

N. FT. MYERS FL 33917 LEE

CITY: ZIP: COUNTY:

NAME OF AGENCY:

COUNTY COMMISSION

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

DISTRICT 4 COMMISSIONER

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

\*10JUN18PM1008 SHELLEE Co F1

### PART A — NET WORTH

Please enter the value of your net worth as of December 31, 2009, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of DECEMBER 31, 2009 was \$ 444,173

### PART B — ASSETS

#### HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 80,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: SEE ATTACHED

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOME - 19450 MEREDITH RD N. FORT. MYERS FL	200,000
LAND - 5615 + 5673 TRAM LINE ARCADIA FL	80,000
DWELLING + LAND - NE PALMETTO PINETTA FL	120,000
LOT - PRICE BLVD N. PORT FL	10,000
SUNTRUST MM P.O. BOX 305053 NASHVILLE TN 37230	55,219

### PART C — LIABILITIES

#### LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SUNTRUST P.O. BOX 305053 NASHVILLE TN 37230	103,922
WACHOVIA P.O. BOX 536210 ATLANTA GA 30353	93,925
SALLIE MAE P.O. BOX 9500 WILKES-BARRE PA 18773	4,647
SE TOYOTA FINANCE P.O. BOX 70832 CHARLOTTE NC 28272	8,249
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SUNCOAST SCHOOLS CREDIT UNION 1533 MATTHEW DR FORT MYERS	4,040
BANK OF AMERICA P.O. BOX 851001 DALLAS TX	5,990

DEBBIE JACKOW

AMT

ASSETS PART B

E-TRADE SECURITIES P.O. 101600 ARLINGTON VA	22210	28,380
PRUDENTIAL 401K NEWARK NJ		18,794
HCA 401K		29,552
DIVERSIFIED DIRECT 403B 440 MAMARONECK AVE	HARRISON NY	23,552
AHRP RETIREMENT P.O. BOX 1495 LINCOLNSHIRE IL	60069	19,449
		<hr/>
		119,727

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**PART D – INCOME**

You may **EITHER** (1) file a complete copy of your 2009 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2009 federal income tax return. [If you check this box and attach a copy of your 2009 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME:**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
LEE MEMORIAL HEALTH SYSTEM	P.O. BOX 151247 CAPE CORAL FL	60,005

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person—see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART E – INTERESTS IN SPECIFIED BUSINESSES**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**OATH**

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 18th day of

June, 2010 by Debbie Jackow  
Bernie Ramos Feliciano

(Signature of Notary Public) Bernie Ramos Feliciano  
Commission # DD589927  
Expires October 19, 2010

(Print, Type, or Stamp Commissioned Name of Notary Public)

Debbie Jackow  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known \_\_\_\_\_ OR Produced Identification

Type of Identification Produced Florida Driver License

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.  
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.  
OTHER FORMS you may need to file are described on page 6.