

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

CANDIDATE WITH PARTY AFFILIATION

OFFICE USE ONLY

10001770092230210-0-0-0-1

STATE OF FLORIDA

COUNTY OF Lee

I, Michael	Pierce	Jackson
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, Mike Jackson
(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 for the office of Board of County Commissioners, 1,
(office) (district) (circuit)

Lee County, Florida; I am qualified
(group)

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.

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Republican Party; I am not a registered member of any other political party; I have not been a candidate for nomination for any other political party for a period of 6 months preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

<u>X Michael Pierce</u>	(239) 573-9843	mj@jacksonpr.com
Signature of Candidate	Telephone Number	Email Address

2513 SE 24th Place	Cape Coral	FL	33904
Address	City	State	ZIP Code

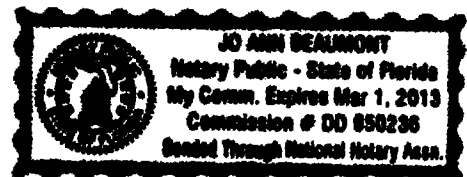
Sworn to (or affirmed) and subscribed before me this 17 day of June, 20 10.

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

Jo Ann Beaumont
Signature of Notary Public - State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public



FINANCIAL INTERESTS

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

LAST NAME — FIRST NAME — MIDDLE NAME:
 JACKSON MICHAEL PIERCE

MAILING ADDRESS:
 2513 SE 24TH PLACE

CITY: CAPE CORAL ZIP: 33904 COUNTY: LEE

NAME OF AGENCY :
 LEE COUNTY BOARD OF COUNTY COMMISSIONERS

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
 DISTRICT 1 COMMISSIONER

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

*10JUN17PM032250E Lee Co Fl

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, 20 09 was \$ 373,242

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 \$ 76,750

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Homestead: 2513 SE 24th Place, Cape Coral FL 33904	220,462
Time-Share Condo: 301 E Hyman Ave, Aspen CO 81611	23,000
ICMA 457	24,953
ICMA 401K	30,577

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mastercard	2,500

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

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
Cape Coral General Employee Pension Fund	PO Box 152665, Cape Coral FL 33915	26,903
City of Cape Coral	PO Box 150027, Cape Coral FL 33915	5,103
College of DuPage	425 Fawell Blvd Glen Ellyn IL 60137	6,261

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

*10JUN15 PM 03:22:51E SITE L=6C-11

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
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 17 day of

 June , 20 10 by Michael P. Jackson

 Jo Ann Beaumont
(Signature of Notary Public--State of Florida)

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

 Michael P. Jackson
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known OR Produced Identification

Type of Identification Produced _____

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.

