SHARON L. HARRINGTON SUPERVISOR OF ELECTIONS LEE COUNTY - FLORIDA

PHYSICAL ADDRESS	MAILING ADDRESS	
	please send all correspondence to this address	
LEE COUNTY CONSTITUTIONAL COMPLEX		
2480 THOMPSON STREET 3RD FLOOR	P O BOX 2545	
FORT MYERS FL 33901	FORT MYERS FL 33902-2545	
MAIN OFFICE	FAX	
239 LEE VOTE	239-533-6310	
239-533-8683	WEBSITE www.leeelections.com	

To **Debbie Jordan Campaign**

Bernie Feliciano From:

R Bliano Qualifying Officer

May 24, 2010 Date

Candidate Petition Signatures Re

We regret to inform your campaign that the candidate petitions submitted to this office failed to yield the required number of valid signatures required for the office sought. Enclosed is a final tally of all candidate-petitions processed for your campaign.

You are still required to qualify for office. Candidates may begin pre-qualifying on June 1, 2010. The official week of qualifying is NOON, June 14, 2010 through NOON, June 18, 2010. All required candidatequalifying forms must be filed, with the Lee County Supervisor of Elections, prior to NOON, June 18, 2010.

If you have any questions concerning your candidate or petition file, please call me at 239-533-6304.

Enclosure

SHARON L. HARRINGTON SUPERVISOR OF ELECTIONS **LEE COUNTY - FLORIDA**

PHYSICAL ADDRESS	MAILING ADDRESS	
LEE COUNTY CONSTITUTIONAL COMPLEX	please send all correspondence to this address	
2480 THOMPSON STREET 3 RD FLOOR P O BOX 2545		
FORT MYERS FL 33901	FORT MYERS FL 33902-2545	
MAIN OFFICE	FAX	
239 LEE VOTE 239-533-6310		
239-533-8683	WEBSITE www.leeelections.com	

CANDIDATE PETITION CERTIFICATION

COUNTY OF LEE STATE OF FLORIDA

DATE: 5/24/2010 9:14 AM

I, Sharon L. Harrington, Supervisor of Elections of Lee County, Florida, do hereby certify that

	r	NAME OF CANDIDATE
		DEBBIE JORDAN
submitted	2,848	petition signatures for the office of:
	Board	Of County Commissioner, District 2

REGISTERED VOTERS	
 (# valid signatures)	
2,363	

were qualified electors in the geographical area for the office listed above.



Sharon L. Harrington, Supervisor of fections Signature and Title of Administering Official