

10JUN17PM0137 SDE Lee Co F1

**LOYALTY OATH**

(Sections 876.05-876.10, Florida Statutes)

**CANDIDATE WITH PARTY AFFILIATION**

STATE OF FLORIDA

COUNTY OF Lee

**OFFICE USE ONLY**

I, <u>Debra</u>	<u>L</u>	<u>Jordan</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 Jordan  
(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 County Commission, 2, \_\_\_\_\_  
(office) (district) (circuit)

\_\_\_\_\_ ; I am a qualified elector of 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 Democratic 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.

X Debra Jordan (239)-332-3301 Djordan Fm@yahoo  
 Signature of Candidate Telephone Number Email Address

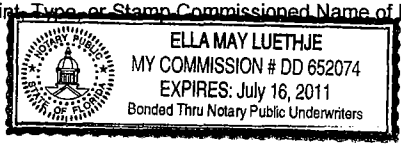
211 Braman Ave. H. Myers Fla. 33901  
 Address City State ZIP Code

Sworn to (or affirmed) and subscribed before me this 17<sup>th</sup> day of June, 2010.

Personally Known: \_\_\_\_\_ or  
 Signature of Notary Public - State of Florida

Produced Identification: Florida ✓  
 Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced:  
Florida License



# 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:

Jordan Debra Lee

MAILING ADDRESS:

2111 Braman Ave

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

\*10JUN17PM0137 SDE Lee Co Fl

Fort Myers 33901 Lee

CITY: ZIP: COUNTY:

NAME OF AGENCY: Lee County

NAME OF OFFICE OR POSITION HELD OR SOUGHT: County Commissioner District 2

CHECK IF THIS IS A FILING BY A CANDIDATE

### 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 6/14/10, 2010 was \$ 6,171.2

### 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 \$ 120687.18

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOUSE HOLD GOODS	9,000-
VEHICLE - Saturn	11,000-
HOME - 2111 Braman Ave Ft. Myers Fla. 33901	80,000-
Nationwide - Evergreen Annuities	5,612.55
PRINCIPLE LIFE IRA	7,735.49

### PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Regions Bank P.O. Box 11007 - Birmingham AL 35288	12,544

#### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Midland Mortgage - P.O. Box 268888 OK city, OK	46,672

**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
HOGBODYS Beach House	1163 Del Prado Blvd. CC	50.000

**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**

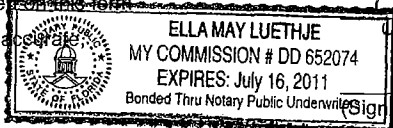
**OATH**

STATE OF FLORIDA  
COUNTY OF Lee

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.

Sworn to (or affirmed) and subscribed before me this 17<sup>th</sup> day of

June, 2010 by Debra Lee Jordan



Ella May Luethje  
Signature of Notary Public - State of Florida

Debra Jordan  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

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

Type of Identification Produced Florida 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.

**FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTEREST -  
Continued**

Debra Jordan

Suncoast Credit Union \$3798.57

Wachovia Bank \$3540.57

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