

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

**NOTE: This form must be on file with the qualifying
officer before opening the campaign account.**

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2012 APR -9 PM 2:17

DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer Deputy Depository Office Party

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

JACCI SUZAN SESKIN

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

21097 NE 27th CT #101
Aventura, FL 33180

4. Telephone

()

5. E-mail address

Jacciforjudge@aol.com

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

DADE COUNTY COURT SEAT # 27

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

JACCI SUZAN SESKIN

11. Mailing Address

21097 NE 27th CT SUITE 101

12. Telephone

()

13. City

Aventura

14. County

DADE

15. State

FL

16. Zip Code

33180

17. E-mail address

Jacciforjudge@aol.com

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

19. Name of Bank

CITY NATIONAL BANK of Florida

20. Address

2875 NE 191st ST

21. City

Aventura

22. County

DADE

23. State

FL

24. Zip Code

33180

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

APRIL 9, 2012

26. Signature of Candidate

X JACCI SUZAN SESKIN

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

I, JACCI SUZAN SESKIN, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

April 9, 2012
Date

X JACCI SUZAN SESKIN
Signature of Campaign Treasurer or Deputy Treasurer

JUDICIAL OFFICE
CANDIDATE OATH

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OATH OF CANDIDATE (Section 105.031, Florida Statutes) COUNTY
ELECTIONS DEPARTMENT

I, Jacci Suzan Seskin
(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 judicial office of County Court Judge, _____, 11th,
(office) (district #) (circuit #)

27; my legal residence is Dade County, Florida; I am a qualified elector
(group #)

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; 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 which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

X Jacci Suzan Seskin ()
Signature of Candidate Telephone Number

jacciforjudge@aol.com
Email Address

21097 NE 27th Ct Ste 101
Address

Aventura
City

Florida
State

33180
ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109410988

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

Jacky Suzan Sesskin

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 9th day of April, 2012.

Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced: FL Drivers Lic.

[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:
Seskin Jacci Suzan

MAILING ADDRESS:
21097 NE 27TH Court Suite 101

CITY: **Aventura** ZIP: **33180** COUNTY: **Dade**

NAME OF AGENCY:
11th Judicial Circuit- County Court

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Dade County Court #27

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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 ELECTIONS DEPARTMENT
 COUNTY CLERK

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, 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 April, 20 12 was \$ 1,923,713.00

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 \$ approx, \$110,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
<i>See Attachment</i>	

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
City National Bank of Florida Credit Line	180,000

PART D – INCOME

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and 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 2011 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Dade County State Attorney's Office	1350 NW 12th Ave, Miami, Florida	\$49,000
Floyd E Seskin, M.D.P.A.	21097 NE 27th Court Suite 101	\$115,500
TIA Cref- New York State Pension		\$2504.64

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

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 [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Matco		
ADDRESS OF BUSINESS ENTITY	21097 NE 27th Ct		
PRINCIPAL BUSINESS ACTIVITY	Sale of Uroclub		
POSITION HELD WITH ENTITY	Vice President		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes		
NATURE OF MY OWNERSHIP INTEREST	50%		

012 APR - 9 PM 2:02
 RECORDS DEPARTMENT

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

OATH

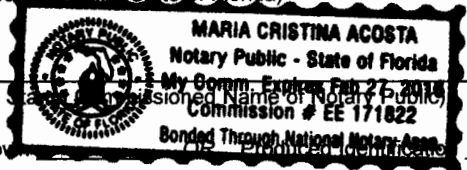
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Miami-Dade
 Sworn to (or affirmed) and subscribed before me this 9th day of

April, 20 12 by Jacci Suzan Seskin

[Signature]
 (Signature of Notary Public - State of Florida)

(Print, Type, or Stamp the Commission Number of Notary Public)
 Personally Known *[Signature]*



Type of Identification Produced _____

Jacci Suzan Seskin
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.

ATTACHMENT

Jacci S.Seskin

April 2012

Form 6 ASSETS VALUED AT OVER \$1000

Investments

Etrade	\$35,000
Mutual Funds	\$20,000
Allianz Fund	\$168,000
JP Morgan Fund	\$100,000
Deferred Compensation	\$49,000
Biscayne Bank Shares	\$50,000
Devinella L.L.C.	\$50,000
Horowitz & Assoc Prof Sharing Pension Plan	\$434,000
Savings Account	\$305,000
Home Equity	\$750,000
Other Real Estate (Coconut Creek)	\$60,000
Auto (2004 Lexus)	\$12,000

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ELECTIONS DEPARTMENT



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6741116

RECEIVED FROM Jacci Suzan Seskin
 ADDRESS 21097 NE 27th Court Suite 101
Aventura CITY FL STATE 33180 ZIP

DATE 4 / 9 / 12
 MONTH DAY YEAR
 CASH \$ _____
 CHECKS \$ 5,371.20
 TOTAL \$ 5,371.20

AMOUNT OF: Five Thousand Three Hundred Seventy-one DOLLARS, AND 20 CENTS

FOR PAYMENT OF: Qualifying Fcc. County Court Group 27

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections BY: Maria C. Acosta

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

JACCI SUZAN SESKIN CAMPAIGN ACCOUNT
 21097 NE 27TH CT SUITE 101
 AVENTURA, FL 33180

63-436-11
 660

127

DATE April 9, 2012

PAY TO Board of County Commissioners \$ 5371.20/100
 THE ORDER OF
Five thousand three hundred seventy one DOLLARS
and twenty cents

© DELUXE WALLET OR DUPLICATE



MEMO QUALIFYING FEE



Security Features
 Included.
 Details on Back.

SPECIALTY BLUE