

FORM 6X

AMENDMENT TO FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

DATE RECEIVED
JAN 20 2009

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 6): Rackleff, Bob			◆ THIS FORM 6X AMENDS THE FORM 6 (Full and Public Disclosure of Financial Interests) I FILED FOR THE YEAR: <u>2008</u> ◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: <u>County Commissioner, Dist 5</u> ◆ WITH THIS GOVERNMENTAL AGENCY: <u>Leon County Board of County Commissioners</u>
MAILING ADDRESS: Leon County Courthouse, 5th floor			
301 South Monroe Street			
CITY: Tallahassee	ZIP: 32301	COUNTY: Leon	

PART A -- NET WORTH

If your reported net worth will change because of this amendment, please enter the corrected value of your net worth as of the date chosen for the original Form 6 you are seeking to amend, together with that date:

My net worth as of December 31, 19 or 2008 was \$ 704,300

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

If you are amending the value originally reported for household goods and personal effects, please enter the amended value below:

The aggregate value of my household goods and personal effects as of the above date was \$ unchanged

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
previously listed assets and amounts unchanged	

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
previously listed liability and amount unchanged	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
none	

PART D -- INCOME

If you are filing an amended copy of your federal income tax return, including all attachments, please check here:

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
previously listed income sources	and amounts unchanged	

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
unchanged			

PART E — INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	none		
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			

PART F — EXPLANATION OF CHANGES

Total Net Worth (Part A) Mathematical Error Being Corrected at this time.

All Sections Previously Filed Are Unchanged.

IF ANY OF PARTS A THROUGH F 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 Leon

Sworn to (or affirmed) and subscribed before me this 19th day of

August, 20 09 by Bob Rackleff

Melissa K. Griner
(Signature)



(Print, Type, or Stamp Commission Number and Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____

Bob Rackleff
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

INSTRUCTIONS FOR COMPLETING and FILING FORM 6 X:

INTRODUCTORY INFORMATION (At Top of Form):

NAME, DISCLOSURE PERIOD, NAME OF POSITION, and NAME OF AGENCY: Use the same information as on the original Form 6 you are seeking to amend.

MAILING ADDRESS: Use your current mailing address.

PARTS A through E:

Use these sections of the form to report the new information you believe should have been reported on your original Form 6, continuing on a separate sheet if necessary. Additional instructions are found on pages 3-5, attached.

PART F:

Use this section of the form to explain the changes in your original Form 6.

OATH:

All information on this form should be submitted under oath.

WHERE TO FILE:

If you are amending a Form 6 you filed as a candidate, file the Form 6X at the office where you filed your qualifying papers. All other persons should file Form 6X with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

QUESTIONS:

About this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; telephone (850) 488-7864 (Suncom 278-7864).

FINANCIAL INTERESTS

COMMISSION ON ETHICS
DATE RECEIVED

JUL 6 7 2009

FOR OFFICE
USE ONLY:

AUTO**3-DIGIT 323 T2 P1 7

Bob Rackleff
County Commissioner, District 5
Leon County
Elected Constitutional Officer
Leon County Cthouse
301 S Monroe St
Tallahassee, FL 32301-1861



ID Code



ID No.

14389

Conf. Code

P. Req. Code *****

Rackleff, Bob

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, 2008, 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, 2008, was \$ 624,300.

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:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Vanguard IRA - Valley Forge, PA	144,600
Vanguard SEP - Valley Forge, PA	99,600
Deferred Comp. Plan - ICMA Retirement Co. - Washington, DC	159,300
Envision Credit Union - Tallahassee, FL	17,400
Residence - Tallahassee, FL - 502-D Hillcrest St.	280,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Home Mortgage - National City - Louisville, KY	76,600

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
none	

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2008 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 2008 federal income tax return. [If you check this box and attach a copy of your 2008 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
Leon County	Tallahassee, FL	75,900
U.S. Navy Retirement Pay	Washington, DC	11,600
Speechwriting & Consulting	(see below)	68,000

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
Vickers for Senate	Campaign Contributions	Anchorage, AK	Political Campaign

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	none		
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: Leon

Sworn to (or affirmed) and subscribed before me this 29 day of

June, 2009 by Robert B Racker

Christian B. Stewart

(Signature of Notary Public--State of Florida)

Christian B. Stewart
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification

Type of Identification Produced FLDC

Bob Racker
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.

