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*08JUN19AM1128 SOE Lee Co FL

Lee SOE Form 08-2007

PAID

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

Candidate Name	JAMES GREEN		
Residence Address	3 Broadway Cir		
City and Zip Code	Fort Myers, FL 33901		
Mailing Address (if different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	239-281-3712	OR	
Email Address	jegconsultants@cs.com		
Office Sought	Lee Memorial Health System Board of Directors, Dist 5 LPHS		
Area, District, Group Or Seat Number	Dist 5		
Political Party (If Applicable)			
Date Of Birth Or Voter ID #	12-12-55		
Date	6-29-08		
Candidate Signature	X <i>James Green</i>		

All information on this form, including your signature, becomes a public record upon receipt by the Supervisor of Elections.

Candidates who provide an email address may be contacted by this office, via the email address provided by the candidate, for campaign related communications that pertain exclusively to the candidate's campaign.

All other mailings from this office, which pertain to every candidate, will be via United States Postal Service.

SCANNED

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

OFFICE USE ONLY

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment

111533234

Secondary Depository

Name of Candidate

GREEN, JAMES E
3 BROADWAY CIR
FORT MYERS FL 33901

(street, city, state, zip code)

Telephone (optional)

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number)

239 281 3212

NON

LMHS DISTRICT 5

I have appointed the following person to act as my

Campaign Treasurer

Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

111533234

5. Name

GREEN, JAMES E
3 BROADWAY CIR
FORT MYERS FL 33901

6. Telephone

239 281 3212

7. City

State

10. Zip Code

I have designated the following named bank as my

Primary Depository

Secondary Depository

11. Name of Bank

12. Street Address

Edison National Bank

2105 FIRST ST

13. City

14. County

15. State

16. Zip Code

FT. MYERS

LEE

FL

33901

17. Signature of Candidate

Date

X [Signature]

10/22/08

Campaign 1

111533234

I, _____ (Please Print)

GREEN, JAMES E
3 BROADWAY CIR
FORT MYERS FL 33901

the appointment as

Campaign Treasurer

Deputy Treasurer

who is seeking nomination or election as a

NON
(Party)

candidate to the office of

LMHS DISTRICT 5

As a duly registered voter in

LEE

County, Florida, I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

10/22/08
Date

X [Signature]
Signature of Campaign Treasurer or Deputy Treasurer

OFFICE USE ONLY

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

111533234

GREEN, JAMES E
3 BROADWAY CIR
FORT MYERS FL 33901

I, _____,

candidate for the office of LMHS DISTRICT 5 ;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X 
Signature of Candidate

10/22/08
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

SCANNED

**AFFIDAVIT OF INTENT
LEE COUNTY
SPECIAL DISTRICT CANDIDATE**

State of Florida
County of Lee

I, JAMES GREEN, am a candidate for the Special District
(print name)

office of: Lee Memorial Health System, DIST 5
(district name and district #, seat #, or area#)

in the Nov 4th election. I understand that my only campaign
(date of election)

expense, from personal funds, shall be the \$25 candidate-qualifying-fee or the signature verification fee for candidates who qualify by submitting 25 valid candidate petition signatures.

As long as these are my only campaign expenses, I will not be required to: appoint a campaign treasurer, designate a campaign depository or file periodic campaign treasurer's reports as required by Florida Statutes §99.061 or §106.07 and, therefore, during my campaign, I am prohibited from expending, collecting, soliciting or accepting any money or contribution(s) in-kind, in connection with my campaign.

In the event I later decide to, collect, solicit, or accept any money or contribution(s) in-kind, or make any campaign expense, prior to doing so, I understand that I AM REQUIRED TO FIRST FILE Form DS-DE 9 (Appointment of Campaign Treasurer/Designation of Campaign Depository Form) with the Lee County Supervisor of Elections. My campaign shall then be subject to campaign finance regulations in accordance with Florida Statutes, Chapter 106 and I will be required to file periodic campaign treasurer's reports as required by Florida Statute §106.07 with the Lee County Supervisor of Elections.

James Green
Signature of Candidate

6-19-08
Date

FS 106.021(1)(a) "No person shall accept any contribution or make any expenditure with a view to bringing about his or her nomination, election, or retention in public office, or authorize another to accept such contributions or make such expenditure on the person's behalf, unless such person has appointed a campaign treasurer and designated a primary campaign depository."

700 JUN 08 11 28 SOE Lee Co FL

LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS
LEE COUNTY TRAUMA SERVICES DISTRICT BOARD OF DIRECTORS
NON-PARTISAN CANDIDATE LOYALTY OATH

NON-PARTISAN OFFICE
 Sections 876.05-876.10, Florida Statutes, 2000 Florida House Bill 1615
 STATE OF FLORIDA - LEE COUNTY

PLEASE PRINT

FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
JAMES	E.	GREEN

I am a citizen of the State of Florida and of the United States of America, and 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.

OATH OF CANDIDATE

(Section 99.021 Florida Statutes)

I, JAMES GREEN, am a candidate for the office of
 (PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON BALLOT - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

Lee Memorial Health System Board of Directors and the Lee County Trauma Services Board of Directors for
 District 5, AND that;

My legal residence is 3 BROADWAY CIR FT. MYERS FL 33901
 County, Florida. I am qualified under the Constitution and the Laws of Florida to hold the office to which I
 desire to be nominated or elected. 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.

AND that;

I, JAMES GREEN a citizen of the State of Florida and of the United
 States of America, and being employed by or an officer of the Lee Memorial Health System Board of Directors
 and the Lee County Trauma Services District Board of Directors, 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, AND that;

I have not violated any of the laws of the State of Florida relating to electors and to registration of electors,
 AND that;

I am seeking election as a director of the Lee Memorial Health System Board of Directors and the Lee County
 Trauma Services District Board of Directors from the county health system district which I reside in, AND that;
 I have taken the oath required by section 876.05, Florida Statutes.

[Signature] 239 281-3212 jegconsultants@cs.com
 Signature of Candidate Daytime Telephone Number Email Address

3 BROADWAY CIR FT MYERS FL 33901
 Address City State Zip Code

Sworn to (or affirmed) and subscribed before me this 19th day of June 2008

- Personally Known
- Produced Identification

Type of Identification Produced:

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

 Bernice Ramos Feliciano
 Commission # DD589927
 Expires October 19, 2010

This form has been modified for Lee County only 2/29/2008 Printed by Troy Fam - Insurance, Inc. 800-365-7019

700 JUN 08 11 28 SOE Lee Co FL

SCANNED

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :
 GREEN, JAMES EDWARD

MAILING ADDRESS :
 3 Broadway Circle
 Fort Myers, FL 33901

CITY : ZIP : COUNTY :
 Fort Myers, FL 33901

NAME OF AGENCY :
 Lee Memorial Health System

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
 Districts

FOR OFFICE USE ONLY:

ORIGINAL COPY

08 JUN 19 PM 11:28 SDE Lee Co FI

PDF 2007

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

DECEMBER 31, 2007 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 0

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
JEG CONSULTANTS	3 Broadway Cir, FTMYR	Consultant - Grants
LEON OIL	5L Nevada, AR.	Oil Royalty
LIMITS	Fort Myer	Board Fee

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

Stephen, AR.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

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.

*OR JUN 19 11 28 AM '08

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
PZISER	Drugs Stock

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
VISA MA	South Dekote "

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	JEG CONSULTANTS		
ADDRESS OF BUSINESS ENTITY	3 Broadway Ct		
PRINCIPAL BUSINESS ACTIVITY	Consulting		
POSITION HELD WITH ENTITY	CEO		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	100%		

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

SIGNATURE (required): DATE SIGNED (required): 6-19-08

FILING INSTRUCTIONS:

<p>WHAT TO FILE: After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).</p> <p>Facsimiles will not be accepted.</p> <p>NOTE: MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.</p>	<p>WHERE TO FILE: If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.</p> <p>Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)</p> <p>State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.</p> <p>Candidates file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see the "Who Must File" Instructions on page 3.</p>	<p>WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file <i>within 30 days</i> of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.</p> <p>Candidates for publicly-elected local office must file at the same time they file their qualifying papers.</p> <p>Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.</p> <p>Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.</p>
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**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) 111533234
 (2) GREEN, JAMES E
 3 BROADWAY CIR
 FORT MYERS FL 33901

OFFICE USE ONLY
FINAL REPORT

City, State, Zip Code _____

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate (office sought): LMHS DISTRICT 5
- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication
- CHECK IF PC HAS DISBANDED
- CHECK IF CCE HAS DISBANDED
- CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10 / 31 / 08 To ___ / ___ / ___ Report Type TR
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____
 Loans \$ 0
 Total Monetary \$ 0
 In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____
 Transfers to Office Account \$ 0
 Total Monetary \$ _____

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ 0

(10) TOTAL Monetary Expenditures To Date
 \$ 0

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

- Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name)

- Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X James E Green
 Signature

X James E Green
 Signature

GREEN, JAMES E
3 BROADWAY CIR
FORT MYERS FL 33901

- ITEMIZED CONTRIBUTIONS

(1) |

(2) I.D. Number _____

(3) Cover Period 10 / 31 / 08 through 11 / 21 / 08

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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SCANNED

GREEN, JAMES E
3 BROADWAY CIR
FORT MYERS FL 33901

Γ - ITEMIZED EXPENDITURES

(1) _____ (2) I.D. Number _____
(3) Cover Period 10/31/08 through 11/21/08 (4) Page 1 of 1

(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
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FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

111533234

GREEN, JAMES E
3 BROADWAY CIR
FORT MYERS FL 33901

FFC USE ONLY
**ORIGINAL
REPORT**

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought):

LMHS DISTRICT 5

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10 / 11 / 08 To 10 / 30 / 08 Report Type GA

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 750-
Loans \$ 0
Total Monetary \$ 750-
In-Kind \$ \$100-

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 750-
Transfers to Office Account \$ 0
Total Monetary \$ 750-

08OCT31PM0252 SDE L ee Co FI

(8) Other Distributions

\$ 0

(9) TOTAL Monetary Contributions To Date

\$ 750-

(10) TOTAL Monetary Expenditures To Date

\$ 750-

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name)

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X *[Signature]*
Signature

X *[Signature]*
Signature

GREEN, JAMES E
3 BROADWAY CIR
FORT MYERS FL 33901

IZED CONTRIBUTIONS

(1) Name

(2) I.D. Number

(3) Cover Period 10 / 11 / 08 through 10 / 30 / 08

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
10, 11, 08 1	James Green 3 Broadway Cir Fort Myers FL 33901		I	IN-KIND	Old- 2004 Camp. Signs		\$100-
10, 22, 08 2	Anesthesia & Pain Consultants 3949 Evans Ave Fort Myers FL 33901		B	CHE			\$250-
10, 24, 08 3	Hospita 1st Ground 708 Del Prado Blvd #100 Cape Coral FL 33904		B	CHE			500
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							



GREEN, JAMES E
 3 BROADWAY CIR
 FORT MYERS FL 33901

IZED EXPENDITURES

(1) Name _____ (2) I.D. Number _____
 (3) Cover Period 10, 11, 08 through 10, 30, 08 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
10/23/08 1	Roberta DAVIS 2221 Lincoln Blvd FT MY FL 33901	Distribute SIGNS + Literature	MON		200 ⁰⁰
10/23/08 2	CALVIN Green 1776 Colenway FT. MY FL 33906	11	MON		200 ⁰⁰
10/24/08 3	Richard Green 1101 Thomas FT. MY FL 33906	11	MON		200⁰⁰ 350 ⁰⁰
11					
11					
11					
11					
11					