

**REVISED**  
10/04/12

# LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

 ORIGINAL REVISED*(Please Check One)*

|  |  |           |  |
|--|--|-----------|--|
| <b>Candidate Name</b>  | JAMES GREEN  |           |  |
| <b>Residence Address</b>                                     | 4363 PALM PL   |           |  |
| <b>City and Zip Code</b>                                     | FORT MYERS FL 33905  |           |  |
| <b>Mailing Address<br/>(if different)</b>                    | <input type="checkbox"/> Check if same as above.<br><br><b>P O BOX 51426 FORT MYERS FL 33994</b> |           |  |
| <b>Telephone Number(s)<br/>(Daytime)</b>                     | 239-672-6142   | <b>OR</b> |  |
| <b>Email Address</b>   | green.hospital.lmhs@gmail.com  |           |  |
| <b>Office Sought</b>   | LEE MEMORIAL HEALTH SYSTEM   |           |  |
| <b>Area, District, Group Or Seat<br/>Number</b>              | DISTRICT 5   |           |  |
| <b>Political Party<br/>(if applicable for office sought)</b> | NON PARTISAN   |           |  |
| <b>Date Of Birth Or Voter ID #</b>                           | 111533234  |           |  |
| <b>Date</b>  | 10/04/12   |           |  |
| <b>Candidate Signature</b>                                   | <b>X N/A</b>   |           |  |

*All candidate information becomes a public record upon receipt by the  
Lee County Supervisor of Elections.*

*Under Florida Law, email addresses are public records; if you do not want your personal email address released, you may wish to create a "campaign-specific" email address. An email address will allow the Lee County Supervisor of Elections Office to provide a candidate with expedited written-communications and notices in addition to mailed written-communications and notifications.*

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

SCANNED

(PLEASE PRINT OR TYPE)

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

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)

JAMES GREEN

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

71 PALM TREE LN Fort Myers, Florida, 33905

4. Telephone

(239) 281-3212

5. E-mail address

green.hospital@nhs.uk@gmail.com

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

Lee Memorial Health System Board of Directors - Dist-5

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

Passhun Crawford Rogers

11. Mailing Address

14080 Cerrito St

12. Telephone

(239) 823-8906

13. City

Fort Myers

14. County

Lee

15. State

FL

16. Zip Code

33905

17. E-mail address

Passhunrogers@gmail.com

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

19. Name of Bank

Suntrust

20. Address

3330 Forum Blvd

21. City

Fort Myers

22. County

Lee

23. State

FL

24. Zip Code

33905

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

8-8-12

26. Signature of Candidate

[Signature]

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

I, Passhun Crawford Rogers, do hereby accept the appointment (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

8/8/12

Date

X

[Signature]

Signature of Campaign Treasurer or Deputy Treasurer

\*12AUG 8 PM 1254 SDE LEE CO FL

SCANNED

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.

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)

JAMES GREEN

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

71 Palm Tree Fort Myers, Florida, 33905

4. Telephone

(39) 281-3212

5. E-mail address

green.hospital.1mhs@gmail.com

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

Lee Memorial Health System Board of Director - Dist 5

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

JAMES GREEN

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71 Palm Tree Ln

12. Telephone

(39) 281-3212

13. City

Fort Myer

14. County

Lee

15. State

FL

16. Zip Code

33905

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19. Name of Bank

SUNTRUST

20. Address

3330 FORUM BLVD

21. City

Fort Myers

22. County

Lee

23. State

FL

24. Zip Code

33905

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25. Date

8-8-12

26. Signature of Candidate

X [Signature]

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

I, do hereby accept the appointment

(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

8-8-12

Date

X [Signature]

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY  
**SCANNED**

111533234

GREEN, JAMES E  
71 PALM TREE LN  
FORT MYERS FL 33905

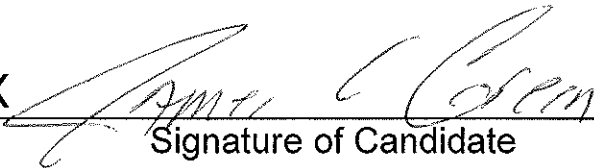
I, \_\_\_\_\_,

candidate for the office of \_\_\_\_\_;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X

  
\_\_\_\_\_  
Signature of Candidate

8-8-12  
\_\_\_\_\_  
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).

12 AUG 8 PM 12:54 SDE LEE OFF

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

*A special district candidate is prohibited from financing ANY PORTION OF his/her campaign with personal funds except as provided in this affidavit.*

State of Florida  
County of Lee

I, JAMES Green, am a candidate for the independent special district office of:  
(print name)

Hospital Board - District 5  
(Include district name AND .district, seat, area or group #)

in the November 6, 2012 General Election, I declare that my only campaign expense, from personal funds, shall be the \$25 candidate-qualifying fee OR the signature verification fee for candidates who qualify by the candidate-petition method by submitting the valid signatures of 25 registered voters residing within the District boundaries.

Provided that this is my only campaign expense, 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. I understand that 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 additional campaign expense, I understand that prior to doing so, I am required to 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.

**X** James Green  
Signature of Candidate

5-1-2012  
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."*

\*12MAY 1 PM 3 55 SDE LEE CO FL

OFFICE USE ONLY

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

I, JAMES GREEN,  
candidate for the office of Hospital Board - District 5;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X JAMES L. GREEN  
Signature of Candidate

5-1-2012  
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).

12 MAY 1 PM 3 55 SDE LEE OPI

(Revised 05/01/12)

CANDIDATE OATH

LEE MEMORIAL HEALTH SYSTEM  
LEE COUNTY TRAUMA SERVICES  
BOARD OF DIRECTORS  
NONPARTISAN OFFICE

Lee Memorial Health System  
candidates must use this  
Candidate Oath for  
candidate-qualifying  
purposes.

OFFICE USE ONLY

OATH OF CANDIDATE

(Sections 99.021, 105.031, 876.05-876.10, Florida Statutes; Laws of Florida 2000-439)

I, JAMES GREEN  
(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 nonpartisan office of LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS, 5  
(office) (district #)

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 I will support the Constitution of the United States and the Constitution of the State of Florida.

I am a qualified elector of Lee County, Florida and I seek election to the Lee Memorial Health System and Lee County Trauma Services Board of Directors. I am a legal resident of Lee County, Florida and of the county health system district in Lee County to which I seek election. I am a citizen of the United States of America; I have not violated any of the laws of the state relating to electors and to the registration of electors.

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 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 James Green (239) 281-3212 jegconsultants@cs.com  
Signature of Candidate Telephone Number Email Address

4363 Palm Place, Fort Myers, FL 33905  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 111533234

\* 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):

STATE OF FLORIDA  
COUNTY OF Lee

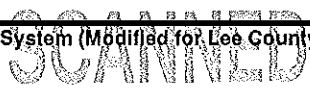
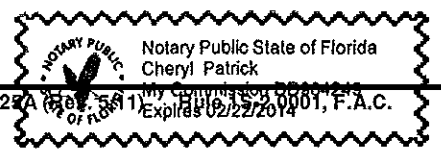
Sworn to (or affirmed) and subscribed before me this 23 day of May, 2012.

Personally Known: X or

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

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



FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME:  
 GREEN, JAMES E  
 MAILING ADDRESS:  
 71 Palm Tree Ln  
 Fort Myers, 33905 LEE  
 CITY: ZIP: COUNTY:  
 Fort Myers  
 NAME OF AGENCY:  
 Lee Memorial Health System  
 NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
 Hospital Board - District 5

FOR OFFICE USE ONLY

COPY

ID Code

ID No.

Conf. Code

P. Req. Code

FORM 1 PH 3 55 90E LEE COP 1

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

2011 PDF Form 1

\*\*\*\* 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 (must check one):

DECEMBER 31, 2011 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

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 (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME (Major sources of income to the reporting person - See instructions p. 4)  
 (If you have nothing to report, you must write "none" or "n/a")

| NAME OF SOURCE OF INCOME | SOURCE'S ADDRESS                 | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |
|--------------------------|----------------------------------|---|
| Lee Co. School District  | 2955 Coxon Rd, Ft. My. FL 33966  | Sub - Education   |
| Lee Memorial Health Sys  | 2776 Cleveland, Ft. My. FL 33901 | Healthcare - BOB  |
| Lion Oil Comp            | P.O. Box 133, Jackson, MS        | Oil Royalty   |
| JEG CONSULTANTS          | 71 Palm Tr. Ln Ft. My. FL 33905  | Grant Writing   |

PART B -- SECONDARY SOURCES OF INCOME

(Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4)  
 (If you have nothing to report, you must write "none" or "n/a")

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

PART C -- REAL PROPERTY (Land, buildings owned by the reporting person - See instructions p. 4)  
 (If you have nothing to report, you must write "none" or "n/a")

N/A - Florida  
 Rural Land - Nevada County, Arkansas

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.



**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions p. 5]  
 (If you have nothing to report, you must write "none" or "n/a")

| TYPE OF INTANGIBLE            | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
|-------------------------------|---|
| Phizer - Stocks<br>N/A<br>N/A | J. Green                                      |

**PART E — LIABILITIES** [Major debts - See instructions p. 5]  
 (If you have nothing to report, you must write "none" or "n/a")

| NAME OF CREDITOR              | ADDRESS OF CREDITOR       |
|-------------------------------|---------------------------|
| BANK of America<br>N/A<br>N/A | , Raleigh, North Carolina |

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions p. 5]  
 (If you have nothing to report, you must write "none" or "n/a")

|   | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
|---|---------------------|---------------------|---------------------|
| NAME OF BUSINESS ENTITY                       | JRG CONSULTANTS     | N/A                 | N/A                 |
| ADDRESS OF BUSINESS ENTITY                    | 71 PALM TR. LN      |                     |                     |
| PRINCIPAL BUSINESS ACTIVITY                   | Grant Writing       |                     |                     |
| POSITION HELD WITH ENTITY                     | Owner               |                     |                     |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | Yes                 |                     |                     |
| NATURE OF MY OWNERSHIP INTEREST               | Private Owner       |                     |                     |

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

**SIGNATURE (required):**

**DATE SIGNED (required):**

*James F. Green*

MAY 1, 2012

**FILING INSTRUCTIONS:**

**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.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

**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.

**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.

**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.)

**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.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" instructions on page 3.

**Facsimiles will not be accepted.**

**WHEN TO FILE:**

**Initially**, each local officer/employee, state officer, and specified state employee must file **within 30 days** 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.

**Candidates** for publicly-elected local office must file at the same time they file their qualifying papers.

**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.

**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. However, filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.

SCANNER