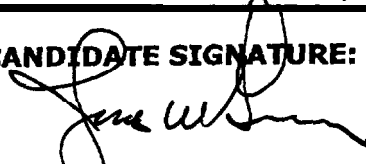


CANDIDATE FACT SHEET

**THE COMPLETION OF THIS SHEET WILL
FACILITATE THE OPENING OF YOUR CAMPAIGN
ACCOUNT BY OUR OFFICE**

(PLEASE PRINT)

<u>NAME AS YOU WANT IT TO APPEAR ON THE BALLOT</u> SIM GREEN		
RESIDENCE ADDRESS: 18651 South River Road	MAILING ADDRESS: P. O. Box 218	
CITY/ZIP CODE: ALVA FL 33920	CITY/ZIPCODE: ALVA FL 33920	
TELEPHONE #: HOME: 941-728-5481	TELEPHONE #: WORK: 941-728-5481	TELEPHONE #: DAYTIME: 941-728-5481
OFFICE SOUGHT <u>AND</u> DISTRICT IF APPLICABLE: County Commissioner FIFTH district #5		PARTY (BELOW) NPA
DATE: 5/10/00	DATE OF BIRTH <u>OR</u> VOTER ID #: 11/23/41	CANDIDATE SIGNATURE: 

THIS FORM IS FOR USE ONLY IN LEE COUNTY 04-99 SOE APPROVED

IF YOU ARE QUALIFYING BY MAIL
BE SURE TO INCLUDE THIS SHEET WITH YOUR
QUALIFYING PAPERWORK

PHILINDA A. YOUNG
 Supervisor of Elections
 P O BOX 2545
 Fort Myers FL 33902-2545
 Telephone (339-6300)

RECEIVED
 SUPERVISOR OF
 ELECTIONS
 MAY 10 4 25 PM '00

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
 Section **106.021(1)** FS

CHECK APPROPRIATE BOX

ORIGINAL APPOINTMENT DEPUTY TREASURER REAPPOINTMENT OF TREASURER SECONDARY DEPOSITORY

PLEASE TYPE OR PRINT

Name of Candidate (AS YOU WANT IT TO APPEAR ON BALLOT) JIM GREEN	Address (include P O Box, street, city, state, zip code) 18631 LOOYAN RIVER ROAD, P.O. BOX 218 ALVA FL 33920
Telephone (Daytime) 728 5481	Party (Partisan Candidates Only) NPA
Office Sought (include district, circuit or group number) COUNTY COMMISSIONER DISTRICT FIVE #5	

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

Name of Treasurer or Deputy Treasurer
JIM GREEN

Mailing Address (if P O Box or drawer add street address) 18631 SOUTH RIVER ROAD, P. O. BOX 218 ALVA FL 33920	Telephone (Daytime) 728 5481
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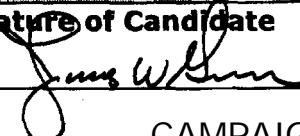
City ALVA	County Lee	State FL	Zip Code 33920
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I have designated the following named bank as my Primary Depository Secondary Depository

Name of Bank HUNTINGTON NATIONAL BANK	Street Address 14490 PALM BEACH BLVD
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City FORT MYERS	County Lee	State FL	Zip Code 33905
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I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS

Signature of Candidate X 	Date Signed 5/10/00	Voter ID# or D. O. B. 11/23/41
--	-------------------------------	--


CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT

I, **JIM GREEN** do hereby accept the appointment as
 (Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of **JIM GREEN**

who is seeking nomination or election as a **NPA** candidate to the office of
 (Party)
COUNTY COMMISSIONER FIFTH DISTRICT #5. As a duly registered voter in **Lee** County,

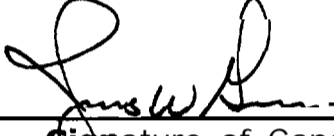
Florida, I am qualified to accept this appointment.

X 	5/10/00
Signature of Campaign Treasurer or Deputy Treasurer	Date Signed

STATEMENT OF CANDIDATE
LEE COUNTY - FLORIDA

FLORIDA STATUTE CHAPTER 106.023

Each candidate must file a statement of candidate with the qualifying officer within 10 days after he files his Appointment of Campaign Treasurer and Designation of Campaign Depository. 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.

STATEMENT OF CANDIDATE	
<u>PLEASE PRINT</u>	
I, <u>JIM GREEN</u>	a candidate for the office of
<small>Name of Candidate</small>	
<u>COUNTY COMMISSIONER FIFTH DISTRICT</u>	have received, read, and
<small>Office Sought (include district, circuit, or group number)</small>	
understand the requirements of Chapter 106, Florida Statutes.	
<input checked="" type="checkbox"/> 	<u>5/10/00</u>
Signature of Candidate	Date Signed

THIS DOCUMENT MUST BE SIGNED AND RETURNED TO THE OFFICE OF THE SUPERVISOR OF ELECTIONS WITHIN **10** DAYS

MAIL TO

Qualifying Officer
Lee County Elections Office
P O Box 2545
Fort Myers FL 33902-2545

IN PERSON

Lee County Constitutional Complex
Lee County Elections Office 3rd Floor
2480 Thompson Street
Fort Myers FL 33901

Philinda A. Young
Supervisor of Elections
Lee County - Florida
941-339-6300

RECEIVED
SUPERVISOR OF
ELECTIONS
MAY 10 4 23 PM '00

ALTERNATIVE METHOD AFFIDAVIT

SECTION 99.095 FLORIDA STATUTES

FS 106.141(6)

Prior to disposing of funds pursuant to subsection (4), or transferring funds into an office account pursuant to subsection (S), any **candidate** who **filed** an oath, stating that he was unable to pay the election assessment or fee for verification of petition signatures, without imposing an undue burden on his personal resources or on resources **otherwise** available to him, or who filed both such oaths, or who qualified by the **alternative** method and was not required to pay an election assessment, shall reimburse the state or local governmental entity, whichever is applicable, for such waived assessment or fee **or** both. Such reimbursement shall be made **first** for the cost of petition verification and then, **if** funds are remaining, for the amount of the election assessment. If there are insufficient funds in the account to **pay** the full amount of either the assessment or the fee or both, the remaining funds shall be disbursed in the above manner until no funds remain. **All** funds disbursed pursuant to this subsection shall be remitted to the qualifying officer. Any reimbursement **for** petition verification costs which are reimbursable by the state shall be forwarded by the qualifying officer to the **state** for **deposit in** the General Revenue Fund. All **reimbursements** for the amount of the election assessment shall be forwarded by the qualifying officer to the Department of State for deposit in the Elections Commission Trust Fund.

PLEASE PRINT OR TYPE

I certify that I intend to qualify by the alternative method as a candidate for the office of:

County Commissioner Fifth District #5
(include district or circuit and group or seat numbers)

as a:

- Partisan Candidate, Member of the _____ Party
- No Party Affiliation Candidate (formerly independent)
- Nonpartisan Candidate (includes judicial offices)

RECEIVED
SUPERVISOR OF
ELECTIONS
MAY 10 7 25 PM '00

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE

5/10/00
DATE

JIM GREEN
PRINT NAME OF CANDIDATE

X 
SIGNATURE OF CANDIDATE

18631 South River Road
RESIDENCE ADDRESS (DO NOT USE P O BOX)

Alva FL 33920
CITY STATE ZIPCODE

(941) 728-5481
DAY PHONE

(941) 728-5599
FAX NUMBER