

# CANDIDATE FACT SHEET

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

**(PLEASE PRINT)**

<u>NAME AS YOU WANT IT TO APPEAR ON THE BALLOT</u> <b>JAMES GREEN</b>		
RESIDENCE ADDRESS: <b>2124 PINEVIEW RD.</b>	MAILING ADDRESS: <b>P.O.B 91</b>	
CITY/ZIP CODE: <b>FT-MYERS, 33902</b>	CITY/ZIPCODE: <b>FT-MYERS, 33901</b>	
TELEPHONE #: <b>HOME: 278-5753</b>	TELEPHONE #: <b>WORK: 278-5753</b>	TELEPHONE #: <b>DAYTIME: 281-3212</b>
OFFICE SOUGHT <u>AND</u> DISTRICT IF APPLICABLE: <b>Lee Memorial Health System Board of Directors</b>		PARTY (BELOW) <b>(NP) (DIST)</b>
DATE: <b>7-14-00</b>	DATE OF BIRTH <u>OR</u> VOTER ID #: <b>12-12-55</b>	CANDIDATE SIGNATURE: <b>JAMES C. GREEN</b>

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**

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

RECEIVED  
 JUL 14 2000  
 SUPERVISOR

**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) <b>JAMES GREEN</b>		Address (include P O Box, street, city, state, zip code) <b>2124 PINEVIEW RD</b>
Telephone (Daytime) <b>278-5753</b>	Party (Partisan Candidates Only) <b>NP</b>	Office Sought (include district, circuit or group number) <b>Lee Mem Health Sys Bd. of Dir.</b>

I have appointed the following person to act as my    Campaign Treasurer    Deputy Treasurer   **DIST 5**

Name of Treasurer or Deputy Treasurer <b>JAMES GREEN</b>			
Mailing Address (if P O Box or drawer add street address) <b>2124 PINEVIEW RD</b>		Telephone (Daytime) <b>278-5753 - 281-3213</b>	
City <b>FORT MYERS</b>	County <b>LEE</b>	State <b>FL</b>	Zip Code <b>33902</b>

I have designated the following named bank as my    Primary Depository    Secondary Depository

Name of Bank <b>Fifth Third Bank</b>		Street Address <b>1701 Boy Scout Dr</b>	
City <b>Fort Myers</b>	County <b>Lee</b>	State <b>Florida</b>	Zip Code <b>33907</b>

I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS

Signature of Candidate <b>X James L. Green</b>	Date Signed <b>7-14-00</b>	Voter ID# or D. O. B. <b>2-12-55</b>
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**CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT**

I, **JAMES GREEN**, do hereby accept the appointment as  
 (Print or Type)  
 Campaign Treasurer    Deputy Treasurer   for the campaign of **JAMES GREEN**  
 who is seeking nomination or election as a **(NON PART)** candidate to the office of  
**Lee Memorial Health System Board of Directors** (Party)  
 As a duly registered voter in **LEE** county,

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

Signature of Campaign Treasurer or Deputy Treasurer <b>X James L. Green</b>	Date Signed <b>7-14-00</b>
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# 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.

<b><u>STATEMENT OF CANDIDATE</u></b>	
<b><u>PLEASE PRINT</u></b>	
I, <u>JAMES GREEN</u>	a candidate for the office of
<small>Name of Candidate</small>	<small>(DIST 5)</small>
<u>Lee Memorial Health System Board of Directors</u>	have received, read, and
<small>Office Sought (include district, circuit, or group number)</small>	
understand the requirements of Chapter 106, Florida Statutes.	
X <u>JAMES L. GREEN</u>	<u>7-14-00</u>
<small>Signature of Candidate</small>	<small>Date Signed</small>

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

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