

# JUDICIAL OFFICE CANDIDATE LOYALTY OATH

Sections 876.05-876.10, Florida Statutes

STATE OF **FLORIDA**

LEE COUNTY

PLEASE PRINT

FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
<i>JAMES</i>	<i>R</i>	<i>ADAMS</i>

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

### IMPORTANT NOTICE TO ALL CANDIDATES

READ CAREFULLY. YOU CANNOT CHANGE THE WAY YOU WANT YOUR NAME TO APPEAR ON THE BALLOT AFTER THE END OF QUALIFYING

PRINT NAME BELOW AS **YOU WISH IT** TO APPEAR ON THE BALLOT

I, *JAMES R. ADAMS*, am a candidate for the  
PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT

judicial office of *COUNTY COURT JUDGE (GROUP #2)*  
OFFICE DISTRICT CIRCUIT

My legal residence is in *LEE* County, Florida. I am a  
GROUP

qualified elector of the state and of the territorial jurisdiction of the court to which I seek election. I am qualified under the Constitution and Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained. 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 which I am required to resign pursuant to Section 99.012, Florida Statutes.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.**

**SIGN HERE:**

*James R Adams*  
Signature of Candidate

*7-7-00*  
Date Signed

ADAMS, JAMES R  
P O BOX 1412  
FORT MYERS FL 33902

83-009085

*(941) 335-2299* *(813) 700*  
Daytime Telephone # Fax Telephone Number

# FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 1999

LAST NAME — FIRST NAME -MIDDLE NAME:

NAME OF AGENCY:

Coordinator: WILLIAM D WILKINSON (813) 335-2299

20th JUDICIAL CIRCUIT

HON. JAMES R ADAMS  
COUNTY JUDGE

OFFICER      OFFICE HELD:  
COUNTY JUDGE

1700 MONROE STREET  
FORT MYERS, FL 33901-0000

CANDIDATE      OFFICE SOUGHT:

OTHER      POSITION:

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 of this packet. OTHER FORMS you may need to file are described on page 6.

**NOTICE: Under provisions of Sec. 112.317, Florida Statutes, a failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000.**

### PART A — NET WORTH

Please enter the value of your net worth as of December 31, 1999, 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 June, 19    or 20 00 was \$ 281,000

### PART B — ASSETS WORTH MORE THAN \$1,000

**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 \$ \_\_\_\_\_

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET	VALUE OF ASSET
Residence	210,000.00
vehicles (4)	25,000.00
joint bank accounts	121,000.00

### PART C — LIABILITIES IN EXCESS OF \$1,000

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
First Union Mortgage	105,000.00
First Union National Bank	7,000.00
Capitol One	3,000.00

### PART D — INCOME

You may **EITHER** (1) file a complete copy of your 1999 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 on page 2 of this form.

I elect to file a copy of my 1999 federal income tax return. [If you check this box and attach a copy of your 1999 tax return, you need not complete the remainder of Part D.]

SUR

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
State of Florida	Dept. of Comptroller, Tall, FL	104,000.00 ±

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'S INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	N/A		

PART E -- INTERESTS IN SPECIFIED BUSJNESSES (Ownership or positions in certain types of businesses--see instructions)

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
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

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.

OATH STATE OF FLORIDA  
COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me this 29th day of June, 2000 by JAMES R. ADAMS



Bronwyn H. White  
MY COMMISSION # CG73596 EXPIRES  
July 28, 2002  
BONDED THRU TROY FAIN INSURANCE, INC.

Bronwyn H. White  
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

James R. Adams  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known  OR Produced Identification   
Type of Identification Produced \_\_\_\_\_

FILING INSTRUCTIONS

**WHAT TO FILE:** After completing the form, file only the first sheet (pages 1 and 2). Note: You also may be required to file form 10 at the back of this packet (see the form for instructions).

**WHERE TO FILE:** Office-holders file with the Department of State, Room 1802, The Capitol, Tallahassee, Florida 32399-0250. Candidates file with the officer before whom they qualify.

**WHEN TO FILE:** Officeholders must file no later than July 1, 2000. Candidates must file prior to or at the time they qualify.



SUP  
Jul 17 12 45 PM '00

**CANVASSING BOARD MEETINGS**  
*For*  
**FALL 2000 ELECTIONS**

**FIRST PRIMARY**

Friday September 1 @ 8:00 am	Canvass absentee ballots
Friday September 1 @ 1:00 pm	Test the tabulating equipment
Tuesday September 5 @ 8:00 am	Canvass absentee ballots
Wednesday September 6 @ 8:00	Certify the Election

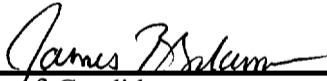
**SECOND PRIMARY**

Friday September 29 @ 8:00 am	Canvass absentee ballots
Monday October 2 @ 1:00 pm	Test the tabulating equipment
Tuesday October 3 @ 8:00 am	Canvass absentee ballots
Wednesday October 4 @ 8:00 am	Certify the Election

**GENERAL ELECTION**

Friday November 3 @ 8:00 am	Canvass absentee ballots
Monday November 6 @ 1:00 pm	Test the tabulating equipment
Tuesday November 7 @ 8:00 am	Canvass absentee ballots
Wednesday November 8 @ 8:00 am	Certify the Election

I acknowledge that I am in receipt of this notice.

  
Signature of Candidate

7-7-00  
Date

83-009085

ADAMS, JAMES R  
P O BOX 1412  
FORT MYERS FL 33902