

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :  
 Green James William

MAILING ADDRESS :  
 P. O. Box 218

CITY : ZIP : COUNTY :  
 Alva 33920 Lee

NAME OF AGENCY :  
 LPA, Affordable Housing Cimmittee, LCHA

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
 Member, member, Commissioner respectively

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

AC ✓  
 PM 6/17

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**\*\*\*\* 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, 2014 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE 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). CHECK THE ONE YOU ARE USING:

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
See Attachment		

**PART B -- SECONDARY SOURCES OF INCOME**  
 [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
See Attachment			

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

See Attachment

**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.

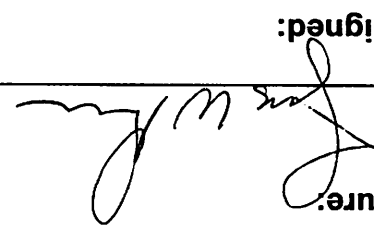
**WHEN TO FILE:**  
 Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less 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, 2014.

**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: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.  
 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.**

**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:  
 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. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**FLILING INSTRUCTIONS:**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:  
 I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.  
 CPA/Attorney Signature: \_\_\_\_\_  
 Date Signed: \_\_\_\_\_

**SIGNATURE OF FILER:**  
 Signature:   
 Date Signed: \_\_\_\_\_  
 6/16/15

**CPA or ATTORNEY SIGNATURE ONLY**

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

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]	
NAME OF BUSINESS ENTITY	NA
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	

PART E — LIABILITIES [Major debts - See instructions]	
NAME OF CREDITOR	NA
ADDRESS OF CREDITOR	
(If you have nothing to report, write "none" or "n/a")	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]	
TYPE OF INTANGIBLE	None
(If you have nothing to report, write "none" or "n/a")	
BUSINESS ENTITY TO WHICH THE PROPERTY RELATES	

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## Attachment to Form F1 2014, James W. Green

### Part A

Name of Source	Address	Activity
Jim Green Realty	14801 Palm Beach Blvd. Ft Myers 33905	Real Estate Brokerage
Social Security Administration	Washington DC	Social Security
PF&M Limited Partnership	14801 Palm Beach Blvd. Ft Myers 33905	Wholesale Jewelry
Riverdale Learning Academy Inc.	14801 Palm Beach Blvd. Ft Myers 33905	Child care
The Riverdale Center	14801 Palm Beach Blvd. Ft Myers 33905	Commercial Building

### Part B

Business Entity	Name	Address	Activity
PF&M Limited Partnership	Sea World Parks & Entertainment	P.O. Box 690429, Orlando FL 32869	Entertainment
PF&M Limited Partnership	Mitsukoshi USA	8070 Presidents Drive, Orlando FL 32809	Retail Sales
Jim Green Realty	Winston Knauss	1720 Werner Drive, Alva FL 33920	Property Owner
The Riverdale Center	Gail Day	14801 Palm Beach Blvd. Ste 301 Ft Myers 33905	Hair Salon

### Part C

Real Property

1561 Lee Ave, Alva FL 33920

18661 Palm Beach Boulevard, Alva FL 33920

18501 Palm Beach Boulevard, Alva FL 33920

18401 Palm Beach Boulevard, Alva FL 33920

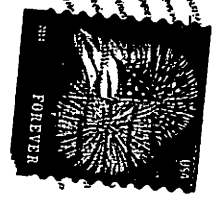
14801 Palm Beach Boulevard, Fort Myers FL 33905

Lots 2,5,7,9,11-18, Caloosa Shores Subdivision, LaBelle FL 33935

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J Green  
PO BOX 218  
ALUMEL 33920

OFFICIAL MAIL  
ELECTION MAIL  
Authorized by the U.S. Postal Service  
FORT MYERS FL 339  
JUN 15 2015 PM 1 P



SUPERVISOR OF ELECTIONS  
PO BOX 2545  
FORT MYERS FL 33902-2545

