

# JUDICIAL OFFICE CANDIDATE LOYALTY OATH

Sections 876.05-876.10, Florida Statutes  
 STATE OF FLORIDA  
 LEE COUNTY

FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
JAMES	R.	ADAMS

## 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 Judge 20th  
OFFICE DISTRICT CIRCUIT

2 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 Adams  
/Signature of Candidate

5/9/06  
Date Signed

PO Box 1412  
Mailing Address

(239) 335-2954  
Daytime Telephone #

(239) 335-2586  
Fax Telephone Number

FT Myers, Fla 33902  
City/ZIPCODE

# FORM 6 FULL AND PUBLIC DISCLOSURE OF

2005

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

## FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

ADAMS, JAMES R.

MAILING ADDRESS:

1700 Monroe Street

Lee County Justice Center

CITY:

Ft Myers Florida

ZIP:

33901

COUNTY:

LEE

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Judge

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY

ID Code:

ID No.

**COPY**

P. Req. Code

\*06MAY10AM10:59:59 SDE Lee Co FI

### PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2005, 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 May 9, 2006 was \$ 441,000

\$ -

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

Residence

372,000 -

Vehicles

35,000 -

Bank Account

46,000 -

### PART C - LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Wells Fargo Home Mortgage

40,000

Wachovia

15,000

Capital One

8,000

**PART D - INCOME**

You may **EITHER** (1) file a complete copy of your 2005 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, below.

I elect to file a copy of my 2005 federal income tax return. [If you check this box and attach a copy of your 2005 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME:**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
State Florida	Dept of Comptroller - Tall. Fla.	\$131,000.00

**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' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART E -- INTERESTS IN SPECIFIED BUSINESSES**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY
NAME OF BUSINESS ENTITY			
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			

DENY 1109 859 SOB Lee Co Fl

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

**OATH**

STATE OF FLORIDA  
COUNTY OF LE

Sworn to (or affirmed) and subscribed before me this 9th day of

May, 2006 by JAMES R. ADAMS

Deborah L Zellman  
(Signature of Notary Public--State of Florida)

**Deborah L. Zellman**  
Commission # **DD431279**  
(Print, Type, or Stamp Commission # and Expiration Date)  
Notary Public, State of Florida  
Bonds Troy Fair - Insurance, Inc. 800-988-7019

Personally Known  OR Produced Identification

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

James R Adams  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

FILED INSTRUCTIONS for when and where to file this form are located at the top of page 3.  
FILED 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.