FORM 1		STATEM	ENT OF			2006
Please print or type your name, mailing address, agency name, and position below	w:	FINANCIAL	INTERE	ESTS		
LAST NAME FIRST NAME MIDDL Babcock, Thomas Andrew	E NAME			FOR OFF USE ONL		
MAILING ADDRESS : 5130 Williams Drive			a a trapporque punto a la 1880 de popular de la 1880 de 1880 d		1 ID C	oce
CITY:	ZIP :				ID No	
Fort Myers Beach NAME OF AGENCY		931 Lee				<u> </u>
Local Planning Agency NAME OF OFFICE OR POSITION HELD OR SOUGHT:						Code (1)
You are not limited to the space on the lin	es on thi	s form. Attach additional sheets. NEW EMPLOYEE OR AP				PDF 2006
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR IS A FISCAL YEAR. PLEASE STATE BELL DECEMBER 31, 2006 MANNER OF CALCULATING REPORT THE LEGISLATURE ALLOWS FILERS REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASE COMPARATIVE (PERCENTAGE	FINANCI OW WH STABLE IF STHE COR US STATE	ETHER THIS STATEMENT IS FOR SPECIFY TO SPECIFY TO SPECIFY TO SPECIFY TO SPECIFY TO SPECIFY THE SHIP STATES THE	CEDING TAX YEAR FOR THE PRECEDI AX YEAR IF OTHEI ING THRESHOLDS OLDS, WHICH ARE	R, WHETHE NG TAX YE R THAN TH S THAT AR E USUALLY S EITHER (E CALEI BASEI Check o	DING EITHER (check one): NDAR YEAR: DLUTE DOLLAR VALUES, WHICH ON PERCENTAGE VALUES (see
PART A PRIMARY SOURCES OF II NAME OF SOURCE OF INCOME	ICOME	SOUR	CE'S			CCRIPTION OF THE SOURCE'S
Retirement Annuity - Mellon	To move the whole Alberta	P.O. Box 569, Pittsburgl	SOURCE'S DESCRIPTION ADDRESS PRINCIPAL BU		the compression of the gray consequence to a substitution of the s	
	Maryagoo of aprogram a terrestation					
PART B SECONDARY SOURCES (OF INCO	ME [Maior customers clients, a	nd other sources of	income to t	ousiness	es owned by the reporting personl
NAME OF NAME		E OF MAJOR SOURCES ADDRESS BUSINESS' INCOME OF SOURCE		ESS		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None			7-4-7-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
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PART C REAL PROPERTY [Land, 5130 Williams Dr., Fort Myers B					and w	G INSTRUCTIONS for when here to file this form are locat- he bottom of page 2.
						RUCTIONS on who must file orm and how to fill it out begin ge 3.
						ER FORMS you may need to edescribed on page 6.

PART D — INTANGIBLE PERS	ONAL PROPERTY (St BIBLE	ocks, bonds, certific	ates of deposit, etc.] BUSINESS ENTITY TO WHICH THE F	ROPERTY RELATES				
Mutual Funds		Vanguard	Vanguard					
Mutual Funds		Metlife						
				additional contracts of the process				
			and control of the Assertation Asserta, Assertation from and extensive specific and assertance of the	And the first of the second se				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ı	ADDRESS OF CREDITOR					
None								
	A STATE OF THE STA							
DADTE MITERIOTO MICOE	OFFED BURNESSES	Whenevekin or need	ons in certain types of businesses]					
PARIF INTERESTS IN SEE	I BUSINESS E		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3				
NAME OF	None	-(4:11:1 # 1	DOINEGO Z.V.VV # Z					
BUSINESS ENTITY ADDRESS OF	110.10							
BUSINESS ENTITY PRINCIPAL BUSINESS								
ACTIVITY								
POSITION HELD WITH ENTITY								
OWN MORE THAN A 5%								
INTEREST IN THE BUSINESS								
NATURE OF MY OWNERSHIP INTEREST								

SIGNATURE (required):

DATE SIGNED (required):

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)

Facsimiles will not be accepted.

NOTE

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, 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.

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.

FILING INSTRUCTIONS:

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: 3600 Maclay Boulevard, South, Suite 201 Tallahassee FL 32312

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.

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.

5130 Williams Drive Fort Myers Beach, FL 33931 April 19, 2007

Lee County Supervisor of Elections Attn: Sharon Harrington 2480 Thompson St. Fort Myers, FL 33901

Dear Ms. Harrington:

I am starting my second year on the Town of Fort Myers Beach Local Planning Agency. As required by law, I have attached my Statement of Financial Interests (Form 1) to be filed with your office.

Please let me know if any further information is required.

Sincerely,

Thomas A. Babcock

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Cc: Michelle Mayher, Town of Fort Myers Beach Town Clerk