FORM 1		STATEM	ENT O	F		2005	
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERI							
LAST NAME FIRST NAME MIDD Baggo +, Day MAILING ADDRESS:	niel	١.	`	FOR OF USE ON			
1134 Lenox Ct					- ID (Code	
						Joue	
Cape Coral FL33904 Lee					IDN	lo.	
NAME OF AGENCY: Lee County Port Authority					Con	f. Code	
NAME OF OFFICE OR POSITION HELD OR SOUGHT:					P. R	eq. Code	
CHECK ONLY IF	OR	☐ NEW EMPLOYEE OR A	PPOINTEE				
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 (check one): DECEMBER 31, 2005 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: THE LEGISLATURE ALLOWS FILERS 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). PLEASE STATE BELOW WHETHER THIS STATEMENT. REFLECTS EITHER (check one):							
	COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]						
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
SW FC Distributing Publishes t Mading		1945 Ortiz Avenue FM			Tour	ism Advertising	
Note: Parent Compan	£ 15:	Ad Lit INC	\			-	
		ZII Proneer! Wisconsin Sell	bill 5	3965			
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAME		and other sources		business	ses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land, buildings owned by the reporting person]					FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.		
4830 Tudor Drive Cape Coral (duplex) Everylades Replat of tracts Ard DIK 1-3 Town of - Dupont R					INST	RUCTIONS on who must file orm and how to fill it out begin	
937 Downt Red # A Everglades Coly					on pa	ge 3.	
131 Departed 1/2 Evergades Cong						ER FORMS you may need to be described on page 6.	

PART D — INTANGIBLE PERS TYPE OF INTANG	SONAL PROPERTY [Stocks, bonds, certification I	ks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
THE OF INTERNA	JIDEL	BOOMEOU ENTITY TO WILLOW	THOI ENTITLE MED				
- Anna Agraella (Color)							
		4.					
PART E — LIABILITIES [Major NAME OF CRE		ADDRESS OF CREDITOR					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3				
NAME OF BUSINESS ENTITY	Southwest Capital Bank						
ADDRESS OF BUSINESS ENTITY	1639 Hendry Street						
PRINCIPAL BUSINESS ACTIVITY	Bankins						
POSITION HELD WITH ENTITY	None- Investor only						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	No						
NATURE OF MY OWNERSHIP INTEREST	Minoraly Investor						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required):	na Bandi	DATE SIGNED	(required): 6/25/0 \$				
EALING INSTRUCTIONS:							
WHAT TO FILE: WHEN TO FILE:							

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.

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: 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.