FORM 1	STATEMENT OI	<u>२</u>	2006			
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS						
LAST NAME FIRST NAME MIDDLE NAM BAGGOT DANCE MAILING ADDRESS : 1134 LENOX COU		FOR OFFICE USE ONLY:	de 			
CITY: ZIP: COUNTY: CAPE CORAL FL 33904 LEE NAME OF AGENCY: Lee Lownty Lee County Port NAME OF OFFICE OR POSITION HELD OR SOUGHT: P. Req. Code Power on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF CANDIDATE CANDIDATE OR						
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): Image: December 31, 2006 OR Image: Specify Tax Year if other than the calendar Year: Image: December 31, 2006 OR Image: Specify Tax Year if other than the calendar Year: MANNER OF CALCULATING REPORTABLE INTERESTS: 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): Image: Omparative (PERCENTAGE) THRESHOLDS OR Image: Omparative Thresholds						
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE SOURCE'S OF INCOME ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
PUPPLISHING & MALINC These Variant Co. 15:	Ad-Lit Inc 211 Function Pr.	Tourn	m Advertising			
PART B SECONDARY SOURCES OF INC	DME [Major customers, clients, and other sources of		s owned by the reporting person]			
		RESS DURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
HS30 TURK TR (Greenel (Purler)			G INSTRUCTIONS for when ere to file this form are locat- be bottom of page 2.			
Sunglaces Replaced tents		CUCTIONS on who must file m and how to fill it out begin e 3.				
134 Lenck Court de	OTHE	R FORMS you may need to described on page 6.				

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE I BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
PART E — LIABILITIES [Major NAME OF CRE	-		ADDRESS	OF CREDITOR		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
		ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	Sathwerry	Copited Bank				
ADDRESS OF BUSINESS ENTITY	1639 Hea	ary Street	••••			
PRINCIPAL BUSINESS ACTIVITY	Banking					
POSITION HELD WITH ENTITY	None mue	estor-only				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Ne	estor-only	••••••••••••••••••••••••••••••••••••••			
NATURE OF MY OWNERSHIP INTEREST	Minority					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required): DATE SIGNED (required): 7/26/07						
EILING INSTRUCTIONS:						
After completing all parts of this form, including If y signing and dating it, send back only the first on sheet (pages 1 and 2) for filing. you that		WHERE TO FILE If you were mailed the on Ethics or a County your annual disclosure that location.	: e form by the Commission Supervisor of Elections for e filing, return the form to	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 employ- ment. Appointees who must be confirmed by		
section, you must write "none" or "n/a" in that of section(s).		of Elections of the connently reside. (If you	/employees file with the Supervisor f the county in which they perma- (If you do not permanently reside with the Supervisor of the county			

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 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.

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.



SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545



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FORT WYERS FL 339

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