FORM 1	2	2007				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERP	ESTS				
MAILING ADDRESS: 12:38 Calcosa [Fort Myers f	AME: non Banks Dr -L 33901 Lee ZIP: COUNTY: ment & Appeals	FOR OFFICE USE ONLY:	0) aa 7 305 8050M4800NH80.			
NAME OF AGENCY: Board Member NAME OF OFFICE OR POSITION HELD C		Conf. Cod P. Req. Jode	Æ[æ⊙F1			
CHECK ONLY IF CANDIDATE OF						
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, 2007 OR 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): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS						
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	OME [Major sources of income to the reporting person] SOURCE'S ADDRESS	DESCRIPTION OF THE S				
John M Belcastro/t			1 0			
Lulu's	Ft Myers FL 3390	02 Ft. Myers, FL 33907 G	Pift Store			
PART B SECONDARY SOURCES OF I	7 WILL OF 10 10 10 10 10 10 10 10 10 10 10 10 10	of income to businesses owned by the report RESS PRINCIPAL INCIPAL INC	BUSINESS			
PART C REAL PROPERTY [Land, build	FILING INSTRUCTION and where to file this formed at the bottom of page	rm are locat-				
(residence)	Ft Myers FL 33901	this form and how to fill on page 3.				
		OTHER FORMS you file are described on page				

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Stocks					
			at Fidelity	30 30 0 1 1 C C C C C C C C C C C C C C C C	
* No Stocks exceeding 10% of my total assets					
	<u></u>	7 01	my lotter seesas		
	3,511.				
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR			
Suntrust Brook		10 Box 79041			
Martines Inc.		Baltimere md 21279-0041			
No debt exceeding net worth					
	J				
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					
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					
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					
SIGNATURE (required): Sanca Belcasto DATE SIGNED (required): 8.308					
FILING INSTRUCTIONS:					

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.

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 Blvd. 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.



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

TAN INSTANTANT