FORM 1	STATEMENT OF		2006			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTE	RESTS [
Belcastro John M MAILING ADDRESS:	ame: latthew	FOR OFFICE USE ONLY:				
1238 Caloosa Dr			Code			
Fort Myers FL 3 CITY: Code Enforcement NAME OF AGENCY: Board Member NAME OF OFFICE OR POSITION HELD OF		c.	No. No. Req. Code Co			
You are not limited to the space on the lines of CHECK ONLY IF	on this form. Attach additional sheets, if necessary. R		Ī			
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, 2006 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						
NAME OF SOURCE	ME [Major sources of income to the reporting pers	, Di	ESCRIPTION OF THE SOURCE'S			
Henderson Franklin (Employer)	ADDRESS 1715 Monroe St Fort Myers, FL 3310		PRINCIPAL BUSINESS ACTIVITY Law Practice			
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]						
NAME OF NEW BUSINESS ENTITY		DDRESS SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
Home - 1238 (aloosa		and ed at ed at this on p	NG INSTRUCTIONS for when where to file this form are locatithe bottom of page 2. TRUCTIONS on who must file form and how to fill it out begin age 3. IER FORMS you may need to			
			are described on page 6.			

PART D — INTANGIBLE PERSO TYPE OF INTANG	ONAL PROPERTY [Stocks, bonds, ellBLE		Y TO WHICH THE P	ROPERTY RELATES	
None excuding	10% of total a	ssets			
U					
		· · · · · · · · · · · · · · · · · · ·			
		64	M 4 2 2		
PART E — LIABILITIES [Major debts] NAME OF CREDITOR ADDRESS OF CREDITOR					
None exceeding	10% of total ass	ets			
PART F — INTERESTS IN SPEC	IFIED BUSINESSES [Ownership or	positions in certain types of	businesses]		
	BUSINESS ENTITY # 1	BUSINESS E	NTITY#2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	None			•	
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): 724.57					
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 filling.

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.

TEM O II ISTIC

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 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.

The The difference of Elections
THE COUNTY
CONSTITUTIONAL COMPLEX
FO. BOX 2545
FORT MYBRS, FLORIDA 33902

FORT MYERS FL 339

24 JUL 2007 PM 1 L

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