

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

(LAST NAME -- FIRST NAME -- MIDDLE NAME)

Bigelow Andrew Brian

FOR OFFICE USE ONLY:

MAILING ADDRESS:

P O Box 398

2120 Main Street

CITY: ZIP: COUNTY:

Fort Myers, FL 33901 Lee

NAME OF AGENCY:

Lee County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Commissioner District 2

ID Code

ID No.

Conf. Code

P. Req. Code

COPY

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PDF 2006

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2006, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 06 was \$ 370,958.42

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry, collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 14,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Single Family House - S.T.R.A.P. #34-44-24-P2-0060H.0120	\$224,050
Single Family House (remainder interest subject to life estate) S.T.R.A.P. #26-44-24-P4-03107.0120	\$214,900
Mutual Funds (American Century)	\$95,353
Mutual Funds (Vanguard)	\$55,107

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
First Community Bank of Southwest Florida, 1565 Red Cedar Drive, Fort Myers, FL 33907	\$73,844
HFC, P O Box 1547, Chesapeake, VA 23320	\$158,608

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may *EITHER* (1) file a complete copy of your 2006 federal income tax return, including all attachments, *OR* (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2006 federal income tax return. [If you check this box and attach a copy of your 2006 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Bill Smith, Inc.	1651 Fowler Street, Fort Myers, FL 33902	\$17,692
Lee County Government	P O Box 398, Fort Myers, FL 33902	\$6,804

SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person--see instructions):

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED 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 E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

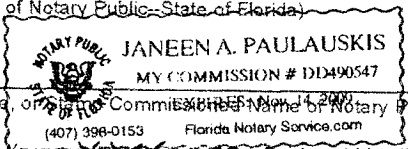
OATH

STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 26th day of

June, 2007 by Andrew Brian Bigelow

Janeen A Paulauskis
(Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commission Expires Nov 11, 2008) Name of Notary Public

Personally known OR Produced Identification

Type of Identification Produced _____

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 5.