FORM 6 FULL AND PUBLIC DISCI	LOSURE OF	2007			
FINANCIAL INTER	ESTS				
LAST NAME — FIRST NAME — MIDDLE NAME: Bigelow - Andrew - Brian	FOR OFFICE USE ONLY:				
MAILING ADDRESS: Lee County Old Courthouse					
PO Box 398	- ID Code				
CITY: ZIP: COUNTY:   Fort Myers 33902-0398 Lee	ID No.				
NAME OF AGENCY : Lee County Board of County Commissioners	Conf. Code				
NAME OF OFFICE OR POSITION HELD OR SOUGHT : County Commissioner District Two	P. Req. Code	· · · · · · · · · · · · · · · · · · ·			
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, 2007, c. a more current date. [Note liabilities from your reported assets, so please see the instructions on page 3.]	e: Net worth is not calculated	by subtracting your reported			
My net worth as of <u>December 31</u> , 20 <u>07</u> was \$ <u>\$406,143</u>					
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 \$ 30,000					
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instruction	ns p.4)	J VALUE OF ASSET			
Single Family House - STRAP #34-44-24-P2-0060H.0120		\$239,790			
Single Family House (remainder interest subject to life estate) STRAP #26-44-	\$228,120				
Mutual Funds (American Century)		\$93,125			
Mutual Funds (Vanguard)		\$48,811			
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	s, FL 33901	\$78,594			
HFC, PO Box 1547, Chesapeake, VA 23320		\$155,109			
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 2007 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 2007 federal income tax return. [If you check this box and attach a copy of your 2007 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		
			) Box 398, Fort Myers, FL 33901		\$82,229.44		
<u></u>							
			<u> </u>				
SECONDARY SOURCES OF INC	COME (Major customers, clier	its, etc., of bus	inesses owned by reporting person-s	ee instruction	s]:		
NAME OF	NAME OF MAJOR S	SOURCES	RCES ADDRESS		RINCIPAL BUSINESS		
BUSINESS ENTITY					CTIVITY OF SOURCE		
<del></del>	•			-†	<u> </u>		
	******		· · · · · · · · · · · · · · · · · · ·				
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1	PART E - INT BUSINESS ENTITY #		SPECIFIED BUSINESSES BUSINESS ENTITY # 2	i BH	SINESS ENTITY # 3		
	DUOINEOD ERITT I	<u></u>	BUOINEOD EN ILL # 2		SINE 33 CIN 111 # 3		
BUSINESS ENTITY ADDRESS OF			<u></u>				
BUSINESS ENTITY PRINCIPAL BUSINESS	<u> </u>		<u>, , , , , , , , , , , , , , , , , , , </u>				
ACTIVITY POSITION HELD	·						
I OWN MORE THAN A 5%			<u></u>				
NATURE OF MY	<u></u>						
OWNERSHIP INTEREST							
IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
OATH STATE OF FLORIDA COUNTY OF Las							
I, the person whose name appears	s at the	Swor	m to (or affirmed) and subscribed befo	re me this	oth_ day of		
beginning of this form, do depose		$\cap$	<b>N</b>				
and say that the information disclosed on this form funce. 20 08 by A. Brian Bigelow							
and say that the information disclosed on this form and any attachments hereto is true. accurate, and complete.							
(Separature of Notary Public-State of Florida)							
JANEEN A. PAULAUSKIS							
(Print, Type, or Stame diffress and the of Norahy Public)							
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE Personally Known (19759-0153 OR Port Auto De Candidate Candid							
Type of Identification Produced							
-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 6.							

CE FORM 6 - Eff. 1/2008