

PAID

**LOYALTY OATH
CANDIDATES WITH NO PARTY AFFILIATION**

Sections 876.05-876.10, Florida Statutes
**STATE OF FLORIDA
LEE COUNTY**

706 JUL 20 PM 02 16 SDE LEE Co HI

PLEASE PRINT

FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
ANDREW	BRIAN	BIGELOW

public office, do hereby solemnly swear or affirm that will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE

Section 99.021 Florida Statutes

IMPORTANT NOTICE TO ALL **II**
READ CAREFULLY. YOU CANNOT CHANGE THE WAY YOU WANT YOUR NAME TO APPEAR ON THE BALLOT AFTER THE END OF QUALIFYING

PRINT NAME BELOW AS YOU WANT IT TO APPEAR ON THE BALLOT

I, BRIAN BIGELOW, am a candidate for the
PLEASE PRINT NAME AS YOU WANT IT TO APPEAR ON BALLOT

office of COUNTY COMMISSION 2
OFFICE DISTRICT CIRCUIT

I am a qualified elector of LEE County, Florida. am

GROUP

qualified under the Constitution and Laws of Florida to hold the office to which desire to be nominated or elected. have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office which am required to resign pursuant to Section 99.012, Florida Statutes.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.

SIGN HERE:

[Signature]
Signature of Candidate

7/20/06
Date Signed

P.O. BOX 278 239,826-8600
Mailing Address Daytime Telephone # Fax Telephone Number

H. MYERS, FL 33902
City/ZIPCODE

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2005

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:
 BIGELOW - ANDREW - BRIAN

MAILING ADDRESS:
 P.O. BOX 278

CITY : ZIP : COUNTY:
 FORT MYERS 33902-0297 LEE

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
 LEE COUNTY COMMISSION DISTRICT 2

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY

ID Code _____

ID No. _____

Conf. Code _____

P. Req. Code _____

PDF 2005

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2005, 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 JULY 20, 2006 was \$ 289,749.81

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
1229 VESPER DRIVE, FORT MYERS, FL; LEE COUNTY STRAP # 34-44-24-P2-0060H.0120	\$174,330.00
1471 Ricardo Ave, Fort Myers, FL (remainder interest subject to life estate); STRAP # 26-44-P4-03107.0120	\$144,240.00
MUTUAL FUNDS (AMERICAN CENTURY)	\$92,257.04
MUTUAL FUNDS (VANGUARD)	\$52,844.38

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
FIRST COMMUNITY BANK OF SOUTHWEST FLORIDA; 1565 RED CEDAR DRIVE, FORT MYERS. FL 33907	\$11818.90
HFC; P.O. BOX 438, CHESAPEAKE, VA 23320	\$160699.58

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 2005 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 2005 federal income tax return. [If you check this box and attach a copy of your 2005 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
CITY OF FORT MYERS	P.O. DRAWER 2217, FORT MYERS, FL 33902	\$1,804.39
BILL SMITH, INC.	1651 FOWLER ST., FORT MYERS, FL 33902	\$12,332.68

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			
DO 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

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.

STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 20 day of

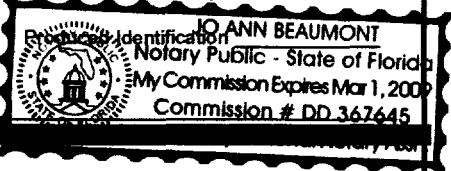
July, 2006, by Andrew Brian Bigelow

Jo Ann Beaumont
(Signature of Notary Public--State of Florida)

JO ANN BEAUMONT
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR

Type of Identification Produced



[Signature]
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 6.