

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

CANDIDATE WITH PARTY AFFILIATION

STATE OF FLORIDA

COUNTY OF LEE

OFFICE USE ONLY

I, <u>ANDREW</u>	<u>BRIAN</u>	<u>BIGELOW</u>
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

OATH OF CANDIDATE (Section 99.021, Florida Statutes)


I, BRIAN BIGELOW
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of COUNTY COMMISSIONER, TWO,
(office) (district) (circuit)
; I am a qualified elector of LEE County, Florida; I am qualified
(group)

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; I 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 from which I am required to resign pursuant to Section 99.012, Florida Statutes.

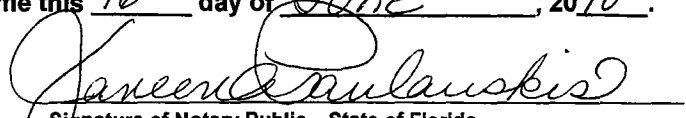
STATEMENT OF PARTY (Section 99.021, Florida Statutes)


I am a member of the REPUBLICAN Party; I am not a registered member of any other political party; I have not been a candidate for nomination for any other political party for a period of 6 months preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

	<u>239-822-8085</u>	<u>BRIAN@BRIANBIGELOW.COM</u>
Signature of Candidate	Telephone Number	Email Address
<u>P.O. Box 927</u>	<u>Ft. Myers</u>	<u>FL 33902</u>
Address	City	State ZIP Code

Sworn to (or affirmed) and subscribed before me this 16th day of June, 2010.

Personally Known: or
Produced Identification: _____
Type of Identification Produced: _____


Signature of Notary Public - State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public

 **JANEEN A. PAULASKIS**
MY COMMISSION # DD 931681
EXPIRES: November 14, 2013
Bonded Thru Budget Notary Services

10JUN17PM0200 SDE Lee Co F1

FORM 6

FULL AND PUBLIC DISCLOSURE OF

2009

FINANCIAL INTEREST

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

LAST NAME — FIRST NAME — MIDDLE NAME:

Bigelow - Andrew - Brian

MAILING ADDRESS:

P O Box 398

CITY : ZIP : COUNTY :

Fort Myers 33902-0398 Lee

NAME OF AGENCY :

Lee County Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

County Commissioner District 2

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2009, 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 09 was \$ 151,526.

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 \$ 21,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Single Family House STRAP #34-44024-P2-0060H.0120	137,980
Single Family House (remainder interest subject to life estate) STRAP #26-44-24-P4-03107.0120	121,110
Mutual Funds (American Century)	83,218
Mutual Funds (Vanguard)	4,800

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
First Community Bank of SW FL, 1565 Red Cedar Drive, Fort Myers, FL 33901	68,978
HFC, P O Box 1547, Chesapeake, VA 23320	147,604

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 2009 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 2009 federal income tax return. [If you check this box and attach a copy of your 2009 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
Lee County Government	P O Box 398, Fort Myers, FL 33902	84,190

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

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 17 day of

June, 2010 by Brian Bigelow

[Signature]
(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)
Notary Public State of Florida
Cheryl Patrick
Expires 02/22/2014

Personally Known Produced Identification

Type of Identification Produced FLDL

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.