

FORM 6X

AMENDMENT TO FULL AND PUBLIC

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 6)

BIGELOW ANDREW BRIAN

MAILING ADDRESS:

P.O. BOX 278

CITY:

FORT MYERS

ZIP

33902

COUNTY

LEE

◆ THIS FORM 6X AMENDS THE FORM 6 (Full and Public Disclosure of Financial Interests) I FILED FOR THE YEAR: 2006

◆ DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: LEE COUNTY COMMISSION DISTRICT

◆ WITH THIS GOVERNMENTAL AGENCY LEE COUNTY ELECTIONS OFFICE

If your reported net worth will change because of this amendment, please enter the corrected value of your net worth as of the date chosen for the original Form 6 you are seeking to amend, together with that date:

My net worth as of JULY 20, 19__ or 2006 was \$ 317,380.56

JUL 27 2006 5:50 PM SOEL REC'D

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

If you are amending the value originally reported for household goods and personal effects, please enter the amended value below:

The aggregate value of my household goods and personal effects as of the above date was \$ 14,000.00 NO CHANGE

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
<u>CHECKING ACCOUNT - FIRST COMMUNITY BANK OF SW FL</u>	<u>\$12,400.84</u>
<u>SAVINGS ACCOUNT - FIRST COMMUNITY BANK OF SW FL</u>	<u>\$1,229.91</u>

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

AMENDED REPORT

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

PART D -- INCOME

If you are filing an amended copy of your federal income tax return, including all attachments, please check here:

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

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	AMENDED REPORT		
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			

PART F — EXPLANATION OF CHANGES

ADDITIONAL ASSETS NOT PREVIOUSLY REPORTED

IF ANY OF PARTS A THROUGH F 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 27th day of July, 2006 by Brian A. Bigelow

Bernice Ramos Feliciano
(Signature of Notary Public—State of Florida)



Bernice Ramos Feliciano
MY COMMISSION # DD154443 EXPIRES
October 19, 2006
BONDED THROUGH FAY INSURANCE, INC.

(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known OR Produced Identification

Type of Identification Produced _____

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

INSTRUCTIONS FOR COMPLETING and FILING FORM 6 X:

INTRODUCTORY INFORMATION (At Top of Form):
NAME, DISCLOSURE PERIOD, NAME OF POSITION, and **NAME OF AGENCY:** Use the same information as on the original Form 6 you are seeking to amend.
MAILING ADDRESS: Use your current mailing address.
PARTS A through E:
 Use these sections of the form to report the new information you believe should have been reported on your original Form 6, continuing on a separate sheet if necessary. Additional instructions are found on pages 3-5, attached.
PART F:
 Use this section of the form to explain the changes in your original Form 6.

OATH:
 All information on this form should be submitted under oath.
WHERE TO FILE:
 If you are amending a Form 6 you filed as a candidate, file the Form 6X at the office where you filed your qualifying papers. All other persons should file Form 6X with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.
QUESTIONS:
 About this form or the ethics laws may be addressed to the Commission on Ethics, Post Office Drawer 15709, Tallahassee, Florida 32317-5709; telephone (850)488-7864 (Suncom 278-7864).