

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Douglas Philip William

MAILING ADDRESS :

10304 CAPE ROMAN ROAD

BENITA SPRINGS, 34135

CITY :

ZIP :

COUNTY :

LEE

NAME OF AGENCY :

BROOKS OF BENITA SPRINGS CDD #1

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

SUPERVISOR - SEAT #1

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

11 MAY 24 PM 09 EST LEE Co FL

****BOTH PARTS OF THIS SECTION MUST BE COMPLETED****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):



DECEMBER 31, 2010

OR



SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):



COMPARATIVE (PERCENTAGE) THRESHOLDS

OR



DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
INDIANA TEACHERS RETIREMENT FUND	ROOM 22222, P.O. BOX 7037 INDIANAPOLIS, IN 46207-7037	EDUCATOR RETIREMENT FUND
U.S. SOCIAL SECURITY ADMIN.	7500 SECURITY BLVD, BALTIMORE MARYLAND 21244-1502	FEDERAL GOVT AGENCY
LIBS FINANCIAL COLLECTOR IRA SERVICES	5555 KEYSTONE CROSSING INDIANAPOLIS, IN 46240-4613	COMPREHENSIVE FINANCIAL SERVICES, COMPANY

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

(If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE	N/A		

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

(If you have nothing to report, you must write "none" or "n/a")

VILLA - 10304 CAPE ROMAN ROAD	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. 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.
BENITA SPRINGS, FLORIDA, 34135-1712	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE**BUSINESS ENTITY TO WHICH THE PROPERTY RELATES**

ROLLOVER IRA, STOCKS, MUTUAL FUNDS	LIBS FINANCIAL SERVICES, 8888 KEYSTONE CROSSING, INDIANAPOLIS, IN 46240-4413
CD'S	FIXEMARK NAT'L BANK & TRUST, 10010 COCONUT RD, ESTERO, FL 34135
CD'S + MUTUAL FUNDS	FIFTH THIRD BANK, 21321 STAMPAWITE, ESTERO, FL 33928
CD'S / MONEY MKT	WACHOVIA BANK, NC 8502, P.O. BOX 56396, CHARLOTTE, NC 28256
CD'S	TIBBANK, P.O. BOX 2808, KEY LARGO, FL 33037

PART E — LIABILITIES [Major debts] CD

(If you have nothing to report, you must write "none" or "n/a")

IBERIA BANK, 2180 IMMOKALEE RD, NAPLES, FL 34110

NAME OF CREDITOR**ADDRESS OF CREDITOR**

MORGAN STANLEY CREDIT CORP	P.O. BOX 5079, SIOUX FALLS, SD 57117-5079
VOLKS WAGEN CREDIT CORP	P.O. BOX 17497, BALTIMORE, MD 21297-1497

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

(If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NOT APPLICABLE		
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 F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):



DATE SIGNED (required):

May 23, 2011

FILING INSTRUCTIONS:**WHAT TO FILE:**

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:**MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

Philip Wm Douglas
10304 Cape Roman Road
Bonita Springs, Florida 34135-1712
Phone: 239-948-4494
Email: pdindy@comcast.net

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May 23, 2011

Sharon L. Harrington
Supervisor of Elections
Lee County
P.O. Box 2545
Fort Myers, FL 33902-2545

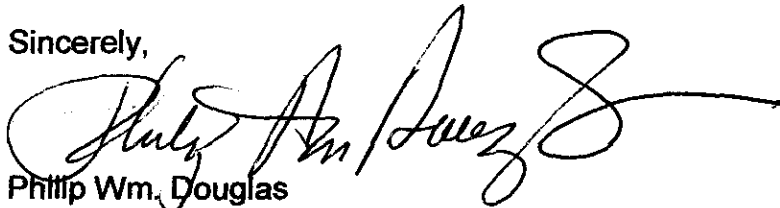
Dear Mrs. Harrington:

As required by law you will find enclosed my completed Form 1 – Statement of Financial Interests for 2010.

I am requesting that upon receipt of this form someone in your office scan it to a pdf. file and email it to me at pdindy@comcast.net. That way it can be stored and saved on my computer and eliminate keeping a paper copy.

Your cooperation in this matter will be greatly appreciated.

Sincerely,



Philip Wm. Douglas
Supervisor – Seat 1
Brooks of Bonita Springs CDD #1

Enclosure.