

STATEMENT OF
FINANCIAL INTERESTS

2014

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Doughlas, Philip William

MAILING ADDRESS :

10304 CAPE ROMAN ROAD

Bonita Springs, FL 34135-1712 LEE

CITY : ZIP : COUNTY :

NAME OF AGENCY :

BROOKS OF BONITA 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✓
pm b/1

02-06-15 PM12:13

**** 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, 2014 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE 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). CHECK THE ONE YOU ARE USING:

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☒ DOLLAR VALUE THRESHOLDS

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

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
NONE	N/A	
INDIANA TEACHERS RETIREMENT FUND	ROOM 2222 IN PERSON SERVICE CENTER P.O. BOX 7037, INDIANAPOLIS, IN 46207	EDUCATOR RETIREMENT FUND
U.S. SOCIAL SECURITY ADMIN. ROLLOVER IRA - UBS FINANCIAL SERVICES	5 SEC ADM - MID-AMERICA SERVICE CENTER 601 E 12TH ST KANSAS CITY, MO 64106-7859 8888 KEYSTONE CROSSING, INDIANAPOLIS, IN 46240-4413	FEDERAL GOV'T AGENCY 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 - See instructions]

(If you have nothing to report, 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 - See instructions]

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

VILLA - 10304 CAPE ROMAN ROAD
 BONITA SPRINGS, FLORIDA 34135-1712

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.

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

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
ROLLOVER IRA, STOCKS, BONDS, MUTUAL FUNDS	HBS FINANCIAL SERVICES, 8888 KEYSTONE CROSSING
SEE ADDENDUM	INDPL'S, IX 46240 -4613

PART E — LIABILITIES [Major debts - See instructions]

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
BOWEN LOAN SERVICING LLC	CUSTOMER SERVICE DEPT, P.O. BOX 24738 WEST PALM BEACH, FL 33416-4738
FIFTH THIRD BANK	81321 TAMiami TRAIL, ESTERO, FL 33928

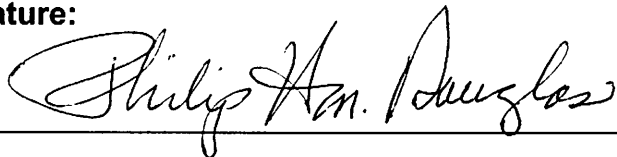
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]

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

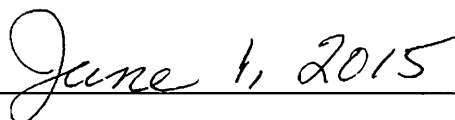
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	NOT APPLICABLE	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐**SIGNATURE OF FILER:**

Signature:



Date Signed:


CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

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).

NOTE:**MULTIPLE FILING UNNECESSARY:**

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. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.**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.

Facsimiles will not be accepted.**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. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2014.

2014 Form I Statement of Financial Interests – Philip Wm. Douglas
Addendum to Part D Intangible Personal Property

Type of Intangible	Business Entity to Which Property Relates
CDs & Money Market Fund	Finemark Nat'l Bank and Trust, 10010 Coconut Rd., Estero, FL 34135
Mutual Fund Savings Accounts & Checking Accounts	Fifth Third Bank, 21321 S. Tamiami Trail, Estero, FL 33928
Money Market Fund & Checking Account	EverBank, 1185 Immokalee Road, Naples, FL 34110
Checking Account	Capital Bank, P.O. Box 1120, Greeneville, TN 37744-1120
CDs and Savings Accounts	ALLY Bank, P.O. Box 951, Horsham, PA 19044

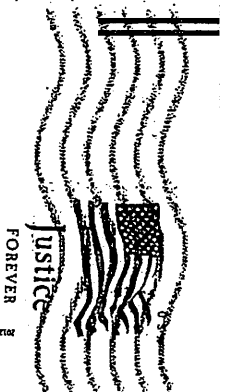
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Philip Douglas
10304 Cape Roman Rd
Bonita Spgs, FL 34135

OFFICIAL
ELECTION MAIL
Authorized by the U.S. Postal Service
FEB 6 2015
FORT MYERS, FL 33902



SUPERVISOR OF ELECTIONS
PO BOX 2545
FORT MYERS FL 33902-2545

