FORM 1	STATEM	MENT OF		2010					
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	s [
LAST NAME - FIRST NAME - MIDDLE NAME: Turano Jerome (Jerry) Douglas MAILING ADDRESS: Torano Jerome (Jerry) Douglas FOR OFFICE USE ONLY:									
FORT Myers FL 3390 Lee CITY: ZIP: COUNTY: Lee Co. Bd of Co. Commissioners NAME OF AGENCY: Local Officer Construction NAME OF OFFICE OR POSITION HELD OR SOUGHT: You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF CANDIDATE OR THEW EMPLOYEE OR APPOINTEE									
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 repor NAME OF SOURCE OF INCOME			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY						
Christel Construe	Ft Myers, FL 33901.			neral					
Industrial Rent				ranite					
FYMVERS FL 33916									
PART B - SECONDARY SOURCES OF (If you have nothing to repo	INCOME [Major customers, clients, ort, you must write "none" or "n/a"	, and other sources of income to	o busines	ses owned by the reporting person]					
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE					
NIA									
		}							
		<u> </u>							
PART C - REAL PROPERTY [Land, build (If you have nothing to report 3089 Kennesau	when	IG INSTRUCTIONS for and where to file this form cated at the bottom of page 2.							
Industrial la	file th	RUCTIONS on who must is form and how to fill it out on page 3.							
3828 Ironbridge Blud Ft Myers FL Vacant Industrial Lot				ER FORMS you may need are described on page 6.					

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 INTANGIB	LE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Rollover II	₹ P	Merrill Edge Bank of America Corp					
			<u> </u>	<u> </u>	<u> </u>		
		:	<u> </u>				
PART E — LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a")							
NAME OF CREDITOR		ADDRESS OF CREDITOR					
Bank of America		PO BOXYS 140 Jackson lle F232232					
Barbara Jeigler S667 Bolla (+ F4 Myers F2 33919 Bank of America PD BOX 26078 Greensbord NC2742							
	nerica	PhB	~ 7607	0 (-00	hum N1(2)421		
	Ner I -	· · ·					
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							
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					<u></u>		
IF ANY OF PARTS A THROUGH PARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required): DATE SIGNED (required): 7-30-20(1							
FILING INSTRUCTIONS:							
WHAT TO FILE:	· · · · · · · · · · · · · · · · · · ·	HERE TO FILE: WHEN 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.

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 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.

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.

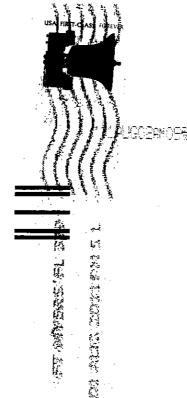
Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

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.



SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545



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