| FORM 1  | STATEM  | MENT OF                           | 2015   |  |  |
|---|---|-----------------------------------|--|--|--|
| Please print or type your name, mailing address, agency name, and position below:   | ] FINANCIAL   | INTERESTS                         | FOR OFFICE USE ONLY:   |  |  |
| LAST NAME FIRST NAME MIDD  TUGNO DECO  MAILING ADDRESS:   | ene (Jerry)   | Douglas                           | _  |  |  |
| Fort Myer   | S 3890 1  | Lee                               | 05   |  |  |
| Lee Co Bd of  |   | sioners                           | 05-07  |  |  |
| NAME OF OFFICE OR POSITION HE   | <b>7</b>  | truction                          | 6  |  |  |
| You are not limited to the space on the li  | ines on this form. Attach additional she  | eets, if necessary.               | ₩08:56   |  |  |
| CHECK ONLY IF CANDIDATE   | OR  | R APPOINTEE PM 9/9                | 19 5   |  |  |
| **** 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, 2015 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 gletails). CHECK THE ONE YOU ARE USING (must check one): |   |                                   |  |  |  |
| COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS  |   |                                   |  |  |  |
| PART A PRIMARY SOURCES OF IN<br>(If you have nothing to rep   |   | the reporting person - See instru | uctions]   |  |  |
| NAME OF SOURCE<br>OF INCOME   | ľ   | URCE'S<br>DRESS                   | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY          |  |  |
| Turano Builders]  | Enclose Canterbur<br>For Myers P  | 233901                            | General Contractor<br>Remodeler                                  |  |  |
| Rental Income   |   | nesw St                           | nia ho   |  |  |
| PART B - SECONDARY SOURCES O  | perha ft Myers  | M 33116                           | 111A tenant  |  |  |
| [Major customers, clients, a  | OF INCOME  Ind other sources of income to busines  port, write "none" or "n/a") | sses owned by the reporting pers  | on - See instructions]   |  |  |
| NAME OF<br>BUSINESS ENTITY  | NAME OF MAJOR SOURCES OF BUSINESS' INCOME                                       | ADDRESS<br>OF SOURCE              | PRINCIPAL BUSINESS<br>ACTIVITY OF SOURCE                         |  |  |
| NIA   |   |                                   |  |  |  |
|   |   |                                   |  |  |  |
| PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]   |   |                                   | FILING INSTRUCTIONS for when                                     |  |  |
| 3089 Kennesaw St Ft Myors F2 3391L  |   |                                   | and where to file this form are located at the bottom of page 2. |  |  |
| Industrial Building and land  |   |                                   | INSTRUCTIONS on who must file this form and how to fill it out   |  |  |
| 3828 Ironbr   | idge Blud. F+1  | Myersfr33916                      | begin on page 3.   |  |  |

| PART D — INTANGIBLE PERSONAL PROPERTY [St  |   | of deposit, etc See in   | structions]  |  |  |
|--|---|--|--|--|--|
| (If you have nothing to report, write "nor<br>TYPE OF INTANGIBLE   | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES   |  |  |  |  |
| TERA   | 100 - 11 1 1 100 - 21 C 1 10 0 10   |  |  |  |  |
|  | J. A. (VI)  | ynah / re  | Coope Court  |  |  |
|  |   | O.T  | America Corp   |  |  |
| PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non   |   |  | •  |  |  |
| NAME OF CREDITOR   | ADDRESS OF CREDITOR   |  |  |  |  |
| Nationstar Mortgage  | PO BOX 650783 Dallas TX 75265-078   |  |  |  |  |
| Bank of America borne  |   | Box 66080  |  |  |  |
|  | ****  | and the second of the second   |  |  |  |
| PART F — INTERESTS IN SPECIFIED BUSINESSES (If you have nothing to report, write "none"  | " or "n/a")   |  | •  |  |  |
| NAME OF BUSINESS ENTITY  | BUSINESS  | S ENTITY # 1   | BUSINESS ENTITY # 2                                    |  |  |
| 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  |   |  |  |  |  |
| PART G — TRAINING  |   | **   |  |  |  |
| For elected municipal officers required to complete an   | nual ethics training purs   | suant to section 112.314   | 2, F.S.  |  |  |
| ☐ I CERTIFY THAT I   | HAVE COMPLI   | ETED THE REQ   | UIRED TRAINING.  |  |  |
| IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE   |   |  |  |  |  |
| SIGNATURE OF FILE  | R:  | CPA or ATTORNEY SIGNATURE ONLY   |  |  |  |
| Signature:   |   | If a certified public accountant licensed under Chapter 473, or attorney   |  |  |  |
| Signature.   |   | in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: |  |  |  |
| The state of the s |   | <u> </u>   | , prepared the CE                                      |  |  |
| from K Mil   | Form 1 in accordance with Section 112.3145, Florida Statutes, an instructions to the form. Upon my reasonable knowledge and belie |  |  |  |  |
| Date Signed:   |   | disclosure herein is tru   | ue and correct.  |  |  |
| 1 1 /  |   | CPA/Attorney Signature:  |  |  |  |
| 6/27/16  |   | Date Signed:   |  |  |  |
| FILING INSTRUCTIONS:   |   |  |  |  |  |
| WHAT TO FILE: WHERE TO FILE: WHEN TO FILE:   |   |  |  |  |  |
|  | ou were mailed the form   |  | Initially, each local officer/employee, state officer, |  |  |

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 file a copy of his or her 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.

Facsimiles will not be accepted.

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 page 3 of instructions.

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 must file at the same time they file

their qualifying papers.

**Thereafter**, file by July 1 following each calendar year in which they hold their positions.

*Finally*, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

## BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. 1021 FT MYERS FL

POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS PO BOX 2545 FORT MYERS FL 33902-9888

95:80m 91. 70-20

Mr. & Mrs. Jerry Turano 1311 Canterbury Drive Et. Myers, Florida 33901