

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

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Lombardo William Bryan

MAILING ADDRESS :
5531 Halifax Ave.

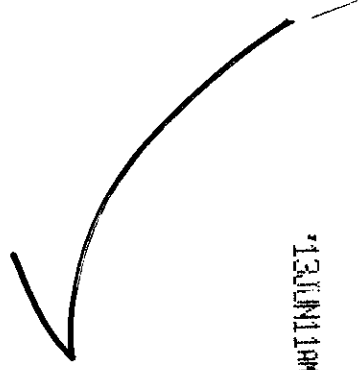
CITY : ZIP : COUNTY :
Fort Myers 33914 Lee

NAME OF AGENCY :
South Trail Fire Protection and Rescue Service District

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Fire Chief

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



*13JUN11PM0919SCELEOF1

****** 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, 2012 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). 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, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
South Trail Fire & Rescue	5531 Halifax Ave. Fort Myers, FL 33912	Fire District
Town and Country	1107 SW 12th Ct. Cape Coral, FL	Aluminum wholesale
Cengage Learning	5191 Natrop Blvd. Mason, OH 54040	Publisher

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	n/a	n/a

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, you must write "none" or "n/a")

Beneficiary of trust: 201 SW 8th Street Cape Coral, FL

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, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Savings, checking, certificates of deposit	Suncoast School FCU PO Box 11904 Tampa, FL 33680-1904
Mutual Fund, post employ health plan	Nationwide Retire Solutions PO Box 182797 Columbus, OH 43218-2797
Mutual fund	Ameritas Retirement Plans 5900 "O" Street Lincoln, NE 68510

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Chase Finance	PO Box 9001871 Louisville, KY 40290-1871
Suncoast School FCU	PO Box 11904 Tampa, FL 33680-1904

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

* 30 JUN 11 AM 09:19 SELELEC OF FL

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

DATE SIGNED (required):



June 7, 2013

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:

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.

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, 2012.



**SOUTH TRAIL
FIRE PROTECTION & RESCUE
SERVICE DISTRICT**

"Compassion, Commitment, Courage"

**Business (239) 433-0080
FAX (239) 433-1941
Prevention Division (239) 482-8030
FAX (239) 433-2185**

BOARD OF COMMISSIONERS

Richard O. Neville
Chairman

Robert Gaskill
Vice-Chairman

John F. Anderson II
Secretary-Treasurer

Dale Deleacaes
Commissioner

Edwin C. Sokel, Jr.
Commissioner

ADMINISTRATION

William B. Lombardo
Chief

Richard J. Intartaglio
Assistant Chief

Supervisor of Elections
PO Box 2545
Ft. Myers, FL 33902

June 7, 2013

Dear Ms. Harrington:

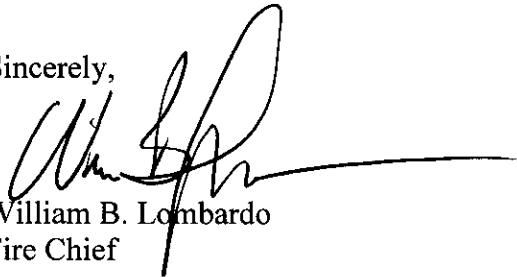
Attached is Form 1 Statement of Financial Interests 2012.

Please accept this correspondence as my official request for confidentiality under Section 119.071(4)(d). I am a firefighter certified in compliance with s. 633.35.

The address listed on Form 1 is that of the main headquarters of the Fire District.

Please advise should you need further information.

Sincerely,


William B. Lombardo
Fire Chief

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13 JUN 11 AM 09:20 SUE LEE CUF 1



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



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US PSNMBE
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Mailed From 33912
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