FORM 1F

FINAL STATEMENT OF FINANCIAL INTERESTS

2018

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

(10 DE FILED WITHIN	OU DAILE OF EBANA					
LAST NAME — FIRST NAME — MIDDLE NAME		NAME OF REPORTING PERSON'S AGENCY:				
Lombardo, William Bryan		South Trail Fire Protection and Rescue Service District				
MAILING ADDRESS:		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):				
5531 Halifax Ave.		☐ LOCAL OFFICER ☐ STATE OFFICER				
		SPECIFIED ST		* =		
CITY: ZIP:	COUNTY:	LIST OFFICE OR POSITIO	N HELD:	Fire Chief		
Fort Myers 33912	Lee					
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2018 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS February 28, 2018 (Date must be prior to 12/31/18) 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one).						
PART A PRIMARY SOURCES OF INCO	DAGE IMajor accuracy of income	a to the constinue necess. See	inatavatia			
(If you have nothing to report, w		ie to the reporting person - See	mstructio	nsj		
NAME OF SOURCE	SOURCE'S			DESCRIPTION OF THE SOURCE'S		
OF INCOME South Trail Fire & Rescue	ADDRESS 5531 Halifax Ave. Fort Myers, FL 33912			PRINCIPAL BUSINESS ACTIVITY Fire District		
Jones and Bartlett	5 Wall Street Burlington, MA 01803			Publisher		
Tonios and Barrion	wan street Barrington, WAY 01003		- donisie			
	lini.					
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")						
	1E OF MAJOR SOURCES F BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
Beneficiary of trust: 201 SW 8th Street Cape Coral, FL				INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.		

PART D — INTANGIBLE PERSONAL PROPERT (If you have nothing to report, write "nor		ficates of deposit, etc Sec	e instructions]		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
Savings, checking, m. market, CD, HSA	Suncoast Credit Union				
PEHP, Mutual Fund, DROP account	Nationwide Retirement, Ameritas Retirement, State of Florida				
7100000					
PART E — LIABILITIES [Major debts - See instruction (If you have nothing to report, write "non					
NAME OF CREDITOR	ADDRESS OF CREDITOR				
Chase Financial	PO Box 9001871 Louisville, KY 40290-1871				
Suncoast Credit Union	PO Box 11904 Tampa, FL 33680-1904				
			, , , , , , , , , , , , , , , , , , ,		
PART F — INTERESTS IN SPECIFIED BUSINESS (If you have nothing to report, write "none 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	e" or "n/a") BUSINES:	S ENTITY # 1	BUSINESS ENTITY # 2		
IF ANY OF PARTS A THROUGH F AR	E CONTINUED O	N A SEPARATE SHE	ET, 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,			

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:

Local officers 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.) Form 1 filers who file with the Supervisor of Elections

FILING INSTRUCTIONS:

may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. <u>Do not email your form to the Commission on Ethics, it will be returned</u>.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method.

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

NOTE:

If you are leaving office or employment during the first half of 2018, you may not have filed Form 1 for 2017. In that case, this is not the last form you will file. Form 1F covers January 1, 2018, through your last day of office or employment. You will be required to file Form 1 for 2017 by July 1, 2018, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.

William B. Lombardo 5531 Halifax Ave. Fort Myers, FL 33912

Lee County Supervisor of Elections PO Box 2545 Fort Myers, FL 33902

March 1, 2018

Dear Mr. Doyle:

Attached are Form 1 Statement of Financial Interests 2017 and Form 1F Final Statement of Financial Interests.

Please accept this correspondence as my official request for confidentiality under Section 119.071(4)(2.b) F.S.. I am a firefighter certified in compliance with s. 633.408.

The address listed on both forms is that of the main headquarters of the South Trail Fire Protection and Rescue Service District.

Please advise should you need further information.

Sincerely,

William B. Lombard

Lee County Supervisor of Elections Po Box 2545

Fort Myers, FL 33902

245452-20666