

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2015

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Noland, John A.

MAILING ADDRESS :
1410 Olmeda Way

CITY : ZIP : COUNTY :
Fort Myers 33901 Lec

NAME OF AGENCY :
Fort Myers Police Department Pension Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Board of Trustees

02-06-16 AM 10:51



PM 6/1

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

****** 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 details). CHECK THE ONE YOU ARE USING (must check one):

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
Henderson, Franklin, Starnes & Holt	P. O. Box 280, Fort Myers, FL 33902	Law Firm

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
Investors' Security Trust Co.	Trust Company	5246 Red Cedar Dr., Suite 101	Trust Company
		Fort Myers, FL 33907	

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

1410 Olmeda Way, Fort Myers, FL 33901

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.

Form with header information including "PARTIAL LISTING" and "OFFICE OF THE SECRETARY OF DEFENSE". A large handwritten checkmark is visible in the center of the page.

Table with multiple columns and rows, containing faint text and possibly names or identifiers. The text is largely illegible due to low contrast and blurring.

Additional text at the bottom of the page, including a section that appears to be a list or set of instructions. Some legible words include "candidates", "position", and "employment".

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
Stock	Henderson, Franklin, Starnes & Holt, P.A.
Partnership Interest	Twenty-One Hundred Second Street, LLP

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

NAME OF CREDITOR	ADDRESS OF CREDITOR

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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	Henderson, Franklin, Starnes & Holt	Twenty-One Hundred Second St. LLP
ADDRESS OF BUSINESS ENTITY	P. O. Box 280, Ft. Myers, FL 33902	P. O. Box 280, Fort Myers, FL 33902
PRINCIPAL BUSINESS ACTIVITY	Law Firm	Owns law firm building
POSITION HELD WITH ENTITY	Vice President	N/A
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	No	No
NATURE OF MY OWNERSHIP INTEREST	Stockholder	Partner

PART G — TRAINING

For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature:

John G. Nelson

Date Signed:

5/31/16

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 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.

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 page 3 of instructions.

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** 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 not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.

John A. Moland
1110 Olden Way
Fort Myers, Florida 33901

INVESTMENT PROPERTY	PROPERTY
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PROPERTY	PROPERTY
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INTEREST IN THE BUSINESS	INTEREST IN THE BUSINESS
NATURE OF MY OWNERSHIP	NATURE OF MY OWNERSHIP
Stockholder	Stockholder

Attachment to Form 1, Statement of Financial Interests

Filer: John A. Noland
 1410 Olmeda Way
 Fort Myers, Florida 33901

December 31, 2015

Part D - Intangible Personal Property (continuation)

<u>Type of Intangible</u>	<u>Business Entity to Which the Property Relates</u>
Checking, Savings and Money Market, Certificate of Deposit	Edison National Bank
Retirement/Profit Sharing Account	Fidelity Investments
Retirement & Investment Accounts	Managed by Morgan, Stanley, Smith Barney and Investors' Security Trust Company

Part F – Interests in Specified Businesses (continuation)

Business Entity #3

NAME OF BUSINESS ENTITY	Investors' Security Trust Company
ADDRESS OF BUSINESS ENTITY	5246 Red Cedar Drive, Suite 101, Fort Myers, FL 33907
PRINCIPAL BUSINESS ACTIVITY	Trust Company
POSITION HELD WITH ENTITY	Chairman of the Board
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	No
NATURE OF MY OWNERSHIP INTEREST	Stockholder

Reply to
John A. Noland
Direct Fax Number 239 344 1515
Direct Dial Number 239 344 1140
E-Mail: john.noland@henlaw.com

May 31, 2016

Supervisor of Elections
P.O. Box 2545
Fort Myers, FL 33902-2545


Re: Statement of Financial Interests - Form 1 - 2015

Dear Sir or Madam:

Please find enclosed for filing my Form 1, Statement of Financial Interests, for the year ending December 31, 2015.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,



John A. Noland

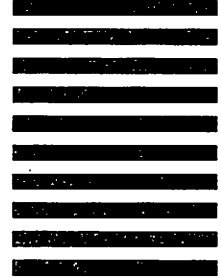
JAN/nls
Enclosure

cc: Denise E. Egolf - Fort Myers Police Department (*without enclosure*)

02-06 '16 AM10:51



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

