

**FORM 1**

**STATEMENT OF  
FINANCIAL INTERESTS**

**2017**

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 Lee**

NAME OF AGENCY :  
**Fort Myers Police Department Pension Board**

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

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

1801141M0854 SDE Lee Co FI

\*\*\*\* **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, 2017 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. St. 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

1426 Olmeda Way, Fort Myers, FL 33901 (undivided 1/2 interest)

**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, 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
N/A	

**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 Street
ADDRESS OF BUSINESS ENTITY	P. O. Box 280, Fort 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
DO 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:

Paul A. Delad

Date Signed:

6/7/18

**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, write "none" or "n/a" in that section(s).

**NOTE:**

**MULTIPLE FILING UNNECESSARY:**

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, 2016.

Attachment to Form 1, Statement of Financial Interests

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

December 31, 2017

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
Membership interest	Marathon Ranch, LLC

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	Member 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

June 7, 2018

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

Re: Statement of Financial Interests - Form 1 - 2017

Dear Sir or Madam:

Please find enclosed for filing my Form 1, Statement of Financial Interests, for the year ending December 31, 2017.

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

Very truly yours,

John A. Noland

JAN/nls  
Enclosure

18 JUN 11 AM 08:54 SDE Lee Co FI



Henderson|Franklin  
ATTORNEYS AT LAW

Post Office Box 280  
Fort Myers, FL 33902

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

Hasler

06/07/2018



FIRST-CLASS MAIL

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