

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

LAST NAME — FIRST NAME — MIDDLE NAME: <i>SOBEL, EDWIN C. JR.</i>		NAME OF REPORTING PERSON'S AGENCY: <i>SOUTH TRAIL FIRE PROTECTION AND RESCUE SERVICE DISTRICT</i>
MAILING ADDRESS: <i>9330 WHITE HICKORY LANE</i>		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): <input checked="" type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE
CITY: <i>FORT MYERS, FL. 33912</i>	ZIP: <i>LEE</i>	LIST OFFICE OR POSITION HELD: <i>BOND OF FIRE COMMISSIONER SOUT 1</i>

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:
THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2017 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS NOV. 30, 2017. (Date must be prior to 12/31/17)

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):

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
<i>PRUDENTIAL INSURANCE CO.</i>		<i>VERNON PENSION</i>
<i>HARFORD COUNTY MARYLAND</i>	<i>200 E. MAIN ST. BELNAP MD</i>	<i>VOL. FIREMAN PENSION</i>
<i>SOUTH TRAIL FIRE DISTRICT</i>	<i>5537 HALIMAY AVE FT. MYERS FL.</i>	<i>COMMISSIONER SALARY</i>
<i>SOCIAL SECURITY</i>	<i>FED. GOVT</i>	<i>SOCIAL SECURITY</i>

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")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
<i>NONE</i>			

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

9330 WHITE HICKORY LANE - FT. MYERS, FL.
(SOLD EFF DATE 12/1/17)

5 - 58th ST. UNIT 5 Ocean City, MD
(NO INCOME) 21842

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 of this packet.

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
MUTUAL FUNDS	WAYPOINT WEALTH MGT. TRUST MARY GRUBB

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
BANK OF AMERICA	DANIELS PARKWAY - FONT MYERS, FL.

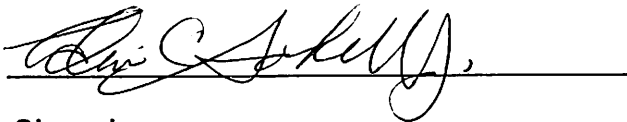
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY	N/A	
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

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

SIGNATURE OF FILER:

Signature:



Date Signed:

12/19/17

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 on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). **Facsimiles will not be accepted.**

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 you 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, Florida 32303.

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 2017, you may not have filed Form 1 for 2016. In that case, this is not the last form you will file. Form 1F covers January 1, 2017, through your last day of office or employment. You will be required to file Form 1 for 2016 by July 1, 2017, 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.

SOLCEL
5504 ST UNITS
OCEAN CITY, MD. 21842

BALTIMORE MD 212

DEC 2017 PMS 1



17DEC26PM0945 SDE Lee Co FI

SUPERVISOR OF ELECTIONS
2480 THOMPSON ST.
P.O. BOX 2545
FORT MYERS, FL. 33902

33902-254545

