| | LINCONED | | | | | | |
|--|---|--|--|---|--|--|--|
| FORM 1 | STATEM | ENT OF U | CAIN | IGNED | | | |
| Please print or type your name, mailing address, agency name, and position belo | FINANCIAL | INTERESTS | 5 | FOR OFFICE USE ONLY: | | | |
| LAST NAME FIRST NAME MIDDI | D | In | Frof | Fine Mail | | | |
| Belasco Franc | ES Bernzdette | | | | | | |
| MAILING ADDRESS: 3910 SANTA | Barbara Blud | Aptzol | /// | | | | |
| Cope Corr | +1 FL 33914 | here | IIU | | | | |
| her County | ZIP: county:)isiter & Convent. | Bureau | | PH0319 | | | |
| NAME OF AGENCY: | FNAGER | | . / | 9 SJE | | | |
| NAME OF OFFICE OR POSITION HE | | | \setminus / | H I | | | |
| | | | \vee | LEE OP | | | |
| You are not limited to the space on the li | nes on this form. Attach additional sheets, i | if necessary. | | E E | | | |
| CHECK ONLY IF 🔲 CANDIDATE | | POINTEE | | | | | |
| **** BOT | H PARTS OF THIS SECTION | ON MUST BE CON | PLETED | **** | | | |
| DISCLOSURE PERIOD: | | | | | | | |
| | R FINANCIAL INTERESTS FOR THE ASE STATE BELOW WHETHER THIS | | | | | | |
| DECEMBER 31, 20 | 012 OR 🔲 SPECIFY T | TAX YEAR IF OTHER THAN | N THE CALEN | IDAR 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: | | | | | | | |
| · _ , | ERCENTAGE) THRESHOLDS | | VALUE THE | RESHOLDS | | | |
| 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 | SOUR ADDR | | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | | | | |
| NA- ONLY PUBLIC SAL | ARU | I I | | | | | |
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| | | | | | | | |
| | OF INCOME and other sources of income to businesse port, write "none" or "n/a") | ∋s owned by the reporting pe | rson - See inst | ructions] | | | |
| [Major customers, clients, a | and other sources of income to businesse | es owned by the reporting pe ADDRESS OF SOURCE | rson - See inst | ructions] PRINCIPAL BUSINESS ACTIVITY OF SOURCE | | | |
| [Major customers, clients, a (If you have nothing to re NAME OF | and other sources of income to businesse port, write "none" or "n/a") NAME OF MAJOR SOURCES | ADDRESS | rson - See inst | PRINCIPAL BUSINESS | | | |
| [Major customers, clients, a (If you have nothing to re NAME OF | and other sources of income to businesse port, write "none" or "n/a") NAME OF MAJOR SOURCES | ADDRESS | rson - See inst | PRINCIPAL BUSINESS | | | |
| [Major customers, clients, a (If you have nothing to re NAME OF | and other sources of income to businesse port, write "none" or "n/a") NAME OF MAJOR SOURCES | ADDRESS | rson - See inst | PRINCIPAL BUSINESS | | | |
| [Major customers, clients, a (If you have nothing to re NAME OF BUSINESS ENTITY MA PART C REAL PROPERTY [Land, | and other sources of income to businesse port, write "none" or "n/a") NAME OF MAJOR SOURCES | ADDRESS OF SOURCE | FILING I | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | | | |
| [Major customers, clients, a (If you have nothing to re NAME OF BUSINESS ENTITY MA PART C REAL PROPERTY [Land, | and other sources of income to businesse port, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME buildings owned by the reporting person | ADDRESS OF SOURCE | FILING II when and form are | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | | | |
| [Major customers, clients, a (If you have nothing to re NAME OF BUSINESS ENTITY MA PART C REAL PROPERTY [Land, | and other sources of income to businesse port, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME buildings owned by the reporting person | ADDRESS OF SOURCE | FILING II when and form are of page 2 | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | | | |
| [Major customers, clients, a (If you have nothing to re NAME OF BUSINESS ENTITY MA PART C REAL PROPERTY [Land, | and other sources of income to businesse port, write "none" or "n/a") NAME OF MAJOR SOURCES OF BUSINESS' INCOME buildings owned by the reporting person | ADDRESS OF SOURCE | FILING II when and form are of page 2 INSTRUC | PRINCIPAL BUSINESS ACTIVITY OF SOURCE | | | |

| for the let | CIRI | | | | | | | |
|--|------------------|--|---|--|---|--|--|--|
| PART D INTANGIBLE PERSOI | AL PROPERTY | Stocks, bonds, certifi st write "none" or "(| cates of deposit, etc See instruin/a") | UNS | IGNED | | | |
| TYPE OF INTANGIBLE | | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | | | |
| NA | | | <u> </u> | | | | | |
| , | | | | | | | | |
| · · · · · · · | | | | | | | | |
| PART E — LIABILITIES [Major de (If you have nothing to | | | n/a") | | *13JUN05PH0319 | | | |
| NAME OF CREDITOR | | ADDRESS OF CREDITOR | | | | | | |
| FANNIE MAE | | 3900 Wisconsin Ave NW 3 WAShing tomple 20016-2892 5 | | | | | | |
| (Student Lorns | (Student Lorns) | | | | | | | |
| | | | | | <u> </u> | | | |
| PART F INTERESTS IN SPECIFI (If you have nothing to | report, you must | | | | BUSINESS ENTITY # 3 | | | |
| NAME OF BUSINESS ENTITY | NA | · · · | | | | | | |
| ADDRESS OF BUSINESS ENTITY | | ······ | | | | | | |
| PRINCIPAL BUSINESS ACTIVITY | | ······ | 1 | | | | | |
| POSITION HELD WITH ENTITY | | | | | | | | |
| I OWN MORE THAN A 5% | | <u> </u> | <u> </u> | | | | | |
| INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST | | <u></u> | | | | | | |
| | THROUGH F | ARE CONTINUE | D ON A SEPARATE SHE | ET, PLEASE (| | | | |
| SIGNATURE (requi | | | | NED (requ | | | | |
| Monos Belasco 6/3/13 | | | | | | | | |
| FILING INSTRUCTIONS: | | | | | | | | |
| WHAT TO FILE: WHERE TO FILE: WHEN TO FILE: | | | | | | | | |
| After completing all parts of this form, including signing and dating it, send back | | If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections | | <i>initially</i> , each local officer/employe state officer, and specified state employe | | | | |
| only the first sheet (pages 1 and 2) for filing. | | for your annual of form to that location | disclosure filing, return the | must file with | nin 30 days of the date pointment or of the beginnir | | | |
| If you have nothing to report in a particular | | Local officers/e | employees file with the | of employment | t. Appointees who must the Senate must file prior | | | |
| 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. | | which they perma | lections of the county in nently reside. (If you do not | confirmation, even if that is less than 3 days from the date of their appointment | | | | |
| | | 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 for publicly-elected local offic | | | | |
| | | | | must file at the same time they file the qualifying papers. | | | | |
| | | | | Thereafter, local officers/employees, sta officers, and specified state employe | | | | |
| However, a candidate who previously filed | | | IIIanassee, FL 32317-5709. | are required to file by July 1st following | | | | |

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.

are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employme each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 das of leaving office or employment. Howev filing a CE Form 1F (Final Statement Financial Interests) does not relieve the fi of filing a CE Form 1 if he or she was in th position on December 31, 2012.

Form 1 because of another public position

must at least file a copy of his or her original

Form 1 when qualifying.