				NDN	<u> </u>
FORM 1	STATEMENT OF	7		y pi	2012
Please print or type your name, mailing address, agency name, and position below	FINANCIAL INTER	ESTS		FOR OFFIC	E USE ONLY:
LAST NAME - FIRST NAME - MIDDLI Belasco France MAILING ADDRESS:	D I I I	int	ero	ffice	Mail
3910 SANTA	Barbara Blud Aptzol				n i
CITY: Cope CorA	ZIP: COUNTY:	μN	31	ĢNE	
NAME OF AGENCY:	lisitor & Convention Bureau				LE L
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT:		V		
You are not limited to the space on the lim	es on this form. Attach additional sheets, if necessary.				
**** BOTH	PARTS OF THIS SECTION MUST B	E COM		ED ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR	FINANCIAL INTERESTS FOR THE PRECEDING TAX	X YEAR, WI	HETHE	R BASED ON A C	1.1.11
DECEMBER 31, 201	2 OR D SPECIFY TAX YEAR IF OTH	HER THAN	THE CA	LENDAR YEAR:	<u> </u>
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:					
				THRESHOLDS	
	COME [Major sources of income to the reporting person - ort, you must write "none" or "n/a")	- See instruc	tions]		
NAME OF SOURCE	SOURCE'S	1		CRIPTION OF TH	
NA (ONLY PUBLIC SALARN)			PR	RINCIPAL BUSINE	SS ACTIVITY
				<u> </u>	
PART B SECONDARY SOURCES C [Major customers, clients, ar (If you have nothing to rep	d other sources of income to businesses owned by the re	porting perse	on - See	instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES ADDR OF BUSINESS' INCOME OF SO				AL BUSINESS OF SOURCE
NA				· ·	
		·		<u> </u>	······································
PART C REAL PROPERTY [Land, but (If you have nothing to report	uildings owned by the reporting person - See instructions] ort, you must write "none" or "n/a")			G INSTRUCTIO	
NIA			of pag	-	
······································	· · · · · · · · · · · · · · · · · · ·		file th	UCTIONS on is form and he egin on page 3	ow to fill it
·········					

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions]				
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
NA				
·····				
PART E LIABILITIES [Major debts - See instruction	Engl *			
(If you have nothing to report, you must				
NAME OF CREDITOR				
FANNIE MAE	ADDRESS OF CREDITOR 3900 Wisconsin Ave NW			
(Student Lorns)	WAShing ton, DC 20016 2872			
		·		
PART F INTERESTS IN SPECIFIED BUSINESSES	[Ownership or positions in certain types of businesses - See instructions]			
(If you have nothing to report, you must v	write "none" or "n/a") ESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3			
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				
	ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE			
IF ANY OF PARTS A THROUGH F A	ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE			
	ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE			
IF ANY OF PARTS A THROUGH F A	ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE			
IF ANY OF PARTS A THROUGH F A SIGNATURE (required): Manas Bela	ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE \Box DATE SIGNED (required): 6/3/13			
IF ANY OF PARTS A THROUGH F A SIGNATURE (required): Manas Bela <u>FI</u> WHAT TO FILE:	ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE \Box DATE SIGNED (required): 6/3/13 LING INSTRUCTIONS: WHERE TO FILE:			
IF ANY OF PARTS A THROUGH F A SIGNATURE (required): Manual Bella FII WHAT TO FILE: After completing all parts of this form, including signing and dating it, send back	ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE DATE SIGNED (required):	yee		
IF ANY OF PARTS A THROUGH F A SIGNATURE (required): Manual Bella FII 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.	ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE DATE SIGNED (required): (/3/13 LING INSTRUCTIONS: 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 WHEN TO FILE: Initially, each local officer/emplo state officer, and specified state emplo must file within 30 days of the date	e of		
IF ANY OF PARTS A THROUGH F A SIGNATURE (required): Manual Barbon FII 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	ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE DATE SIGNED (required): (/3/13 LING INSTRUCTIONS: 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	yee ∋ot ning t, be		
IF ANY OF PARTS A THROUGH F A SIGNATURE (required): Manual Manual Manu	ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE DATE SIGNED (required): () DATE SIGNED (required)	e of ning t be or to 30		
IF ANY OF PARTS A THROUGH F A SIGNATURE (required): Manual Manual Manu	ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE DATE SIGNED (required): 0/3/3 0/3/3 0/3/3 UNCOMERCIONS: 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	oyee ning t be r to 30 ient ffice		
IF ANY OF PARTS A THROUGH F A SIGNATURE (required): Manual Manual Manu	ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE DATE SIGNED (required): (////////////////////////////////////	e of ning t be 30 ient ffice		
IF ANY OF PARTS A THROUGH F A SIGNATURE (required): Manual Manual Manu	ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE DATE SIGNED (required): DATE SIGNED (required): 0/3/13 USACT 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. WHEN TO FILE: 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.) Candidates for publicly-elected local on must file at the same time they file qualifying papers. State officers or specified state employees file with the Commission on Ethics, P.O. State officers or specified state employees file with the Commission on Ethics, P.O. Thereafter, local officers/employees, separate the same time they file state officers/employees, separate the same time they file state officers/employees, separate file state officers/employees, separate file state	oyee ning t be r tc 30 ient ffice thei		
IF ANY OF PARTS A THROUGH F A SIGNATURE (required): Multiple of the same year. However, a candidate who previously filed	ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE DATE SIGNED (required): DATE SIGNED (required): 0/3/13 LING INSTRUCTIONS: 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.) WHEN TO FILE: State officers or specified state employees file with the Commission on Ethics, PO. Drawer 15709, Tallahassee, FL 32317-5709. Thereafter, local officers/employees, so officers, and specified state employees file with the Commission on Ethics, PO.	oyee ning t be r tc 30 lent ffice thei state wing		
IF ANY OF PARTS A THROUGH F A SIGNATURE (required): Multiple 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: 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. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original	ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE DATE SIGNED (required): DATE SIGNED (required): 0/3/13 LING INSTRUCTIONS: 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. (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. Candidates file this form together with their qualifying papers.	oyee ning t be t be r tc 30 nent ffice thei state wing		
IF ANY OF PARTS A THROUGH F A SIGNATURE (required): Multiple 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: 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. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.	ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE DATE SIGNED (required): DATE SIGNED (required): Constant of the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return 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. Candidates file this form together with their qualifying papers. To determine what category your position falls	oyee e of ning t be t be ar to ar to		
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IF ANY OF PARTS A THROUGH F A SIGNATURE (required): What use the second	ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE DATE SIGNED (required): CARACTORY SUPPORTS SIGNED (additional structure) CARACTORY SUPPORTS SIGNED (additional structure) CARACTORY SUPPORTS SIGNED (additional structure) Construction State officers/employees file with the Supervisor of Elections of the county in which they permanently reside in Florida, file with the Supervisor of Elections of the county in which they 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, PCD Drawer 15709, Tallahassee, FL 32317-5709. 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.	vyee o o ning t be or to 30 nent ffice thei state vees wing thei and days eves		
IF ANY OF PARTS A THROUGH F A SIGNATURE (required): What use the second	ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE DATE SIGNED (required): D	vyee oning t be or to 30 aent ffice thei state rees wing thei le a and ile a system t c file		

FORM 1	STATEM	ENT OF	2012		
Please print or type your name, mailing address, agency name, and position be	WI FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:		
Address, agency hand, and position berow. LAST NAME - FIRST NAME - MIDDLE NAME: BELASCO FORDERS BEIND detto. MAILING ADDRESS: 3910 SAWTA BAYBOARA Block Apt Sol Cape CorAI TEL 33G14 Lee CITY: Lee County Visitor & Concentian Bureau NAME OF OFFICE OR POSITION HELD OR SOUGHT: You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.					
CHECK ONLY IF 🔲 CANDIDATE					
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU YEAR OR ON A FISCAL YEAR. PL EITHER (must check one): DECEMBER 31, 2 MANNER OF CALCULATING REPO THE LEGISLATURE ALLOWS FILE REQUIRES FEWER CALCULATION (see instructions for further details). COMPARATIVE (F PART A PRIMARY SOURCES OF	ORTABLE INTERESTS: RS THE OPTION OF USING REPORT IS, OR USING COMPARATIVE THRE CHECK THE ONE YOU ARE USING: PERCENTAGE) THRESHOLDS INCOME [Major sources of income to th	PRECEDING TAX YEAR, WHE IS STATEMENT IS FOR THE PF TAX YEAR IF OTHER THAN TH ING THRESHOLDS THAT ARE SHOLDS, WHICH ARE USUALL OR DOLLAR VA	THER BASED ON A CALENDAR RECEDING TAX YEAR ENDING IE CALENDAR YEAR: ABSOLUTE DOLLAR VALUES, WHICH Y BASED ON PERCENTAGE VALUES		
NAME OF SOURCE	(If you have nothing to report, you must write "none" or "n/a")				
NATONY Jublic	NATONY WHICH ATT				
PART B SECONDARY SOURCES [Major customers, clients, (If you have nothing to r	OF INCOME and other sources of income to business eport, write "none" or "n/a")	es owned by the reporting person	- See instructions]		
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
NA					
PART C REAL PROPERTY [Land, (If you have nothing to re	buildings owned by the reporting persor port, you must write "none" or "n/a")		ILING INSTRUCTIONS for when and where to file this form are located at the bottom f page 2. NSTRUCTIONS on who must le this form and how to fill it ut begin on page 3.		

	(Stocks bonds contification	of doposit, oto - Soo instru	lationel	
PART D — INTANGIBLE PERSONAL PROPERTY (If you have nothing to report, you m	ust write "none" or "n/a")	s of deposit, etc See instru		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
ALA				
		·····		
PART E — LIABILITIES [Major debts - See instruct (If you have nothing to report, you m				
NAME OF CREDITOR	l	ADDRESS	OF CREDITOR	
EANNIE MAE	3900 Wisconsin Ave NW			
Student hour	11) 21	N SERVICE	1 2 2016- 299	
SIMMI NON	Man	que, p	Lacio De / C	
PART F — INTERESTS IN SPECIFIED BUSINESSE (If you have nothing to report, you mus		in certain types of businesses	s - See instructions j	
BUSI	NESS ENTITY # 1	BUSINESS ENTITY #	2 BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY			s - See instructions]	
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5%			<u> </u>	
INTEREST IN THE BUSINESS	<u> </u>		i	
IF ANY OF PARTS A THROUGH F	ARE CONTINUED O			
SIGNATURE (required):	$(\land \land$	DATE SIG	<u>NĘD (required):</u>	
Anne 1	stree	- 6/11	/13	
			12	
<u>F</u>		RUCTIONS		
	WHERE TO FILI		WHEN TO FILE:	
After completing all parts of this form, including signing and dating it, send back	on Ethics or a County	orm by the Commission Supervisor of Elections	Initially, each local officer/employee, state officer, and specified state employee	
only the first sheet (pages 1 and 2) for filing.	form to that location. his or her appointment or of the		must file within 30 days of the date of his or her appointment or of the beginning	
If you have nothing to report in a particular section, you must write "none" or "n/a" in that		oyees file with the	of employment. Appointees who must be confirmed by the Senate must file prior to	
section(s).	which they permanently reside. (If you do not down from the date of their appointme			
NOTE:	Supervisor of the county where your agency Candidates for publicly-elected loca		Candidates for publicly-elected local office	
MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1	has its headquarters.)	lified state employees	must file at the same time they file their qualifying papers.	
for a calendar or fiscal year is not required to file a second Form 1 for the same year.	file with the Commis	ssion on Ethics P.O.	Thereafter, local officers/employees, state	
However, a candidate who previously filed Form 1 because of another public position	Drawer 15709, Tallahas Candidates file this for	orm together with their	officers, and specified state employees are required to file by July 1st following	
must at least file a copy of his or her original	qualifying papers.		each calendar year in which they hold their positions.	
Form 1 whon qualifying			poolitiono	
Form 1 when qualifying.	To determine what cate under, see the "Who Me	egory your position falls ust File" Instructions on	Finally, at the end of office or employment,	
Form 1 when qualifying.	To determine what cate		Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a	
Form 1 when qualifying.	To determine what cate under, see the "Who Me	ust File" Instructions on	Finally , at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However,	
Form 1 when qualifying.	To determine what cate under, see the "Who Me page 3.	ust File" Instructions on	Finally , at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days	

SHARON L. HARRINGTON SUPERVISOR OF ELECTIONS **LEE COUNTY - FLORIDA**

	PHYSICAL ADDRESS LEE COUNTY CONSTITUTIONAL COMPLEX 2480 THOMPSON STREET 3 RD FLOOR FORT MYERS FL 33901 MAIN OFFICE		<u>MAILING ADDRESS</u> please send all correspondence to this address P O BOX 2545 FORT MYERS FL 33902-2545	
			FAX	
		239 LEE VOTE	239-533-6310	
		239-533-8683	WEBSITE <u>www.leeelections.com</u>	
то	:	Local Officer	118093622	
FROM	:	Bernie Feliciano <u>bfeliciano@leeelections.com</u> Filing Officer	BELASCO, FRANCES B #201 3910 SANTA BARBARA BLVD CAPE CORAL FL 33914	
DATE	:	June 7, 2013		

RE Incomplete Form 1 Statement of Financial Interest for 2012 5

You recently filed your Form 1 Statement of Financial Interests for 2012 with the office of the Lee County Supervisor of Elections. The form is incomplete. The following must be corrected:

The form filed is a COPY. Form 1 Statement of Financial Interest must be filed as an original form bearing the signer's original signature and date.

You are required to file an original SIGNED and DATED form. The original SIGNED and DATED form must be returned immediately in order to comply with the signature and date requirements of Form 1 Statement of **Financial Interests.**

Please use the postage-paid envelope provided to return the enclosed form. I can be reached at 239-533-6304 if you have any questions.

Enclosures: Form 1 Statement Of Financial Interests For 2012 For Original Signature And/Or Date Postage Paid Return Envelope

13JUN1300055550ELEE (0)F1

