FORM 1

STATEMENT OF FINANCIAL INTERESTS

2017

FOR OFFICE USE ONLY:

Diane Bendekovic-19950 400 N.W. 73rd Ave Plantation, FL 33323

****	BOTH PARTS	OF THIS	SECTION	MUST BE	COMPL	FTFD	****
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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 "rva")

NAME OF SOURCE OF INCOME	SOURCE'S BROWARD CAPPRESS HON SYS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
FRS	TALLA HASSEC. FL	PENSION
LIS. SOCIAL SECURIT	32395-1860 Www. 35A. GOV	SOCIAL SECURITY
CITY OF PLANTA	10N 400 NW 73 AVE	SACALU
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

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

DINT DWNELSHIP: J.THOMAS BENDEROVIC

DIANE VELTRI BENDEKO PLA NTATION TURNBGRRY

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 [Sto		of deposit, etc See inst	ructions]	
TYPE OF INTANGIBLE		USINESS ENTITY TO W	HICH THE PROPERTY RELATES	
STOCKS: VALK	DEFERRE	Deomp.		
MUTURY FUNDS MONEY MARKET	BACEN	LI PRISE		
PART E — LIABILITIES [Major debts - See instructions (If you have nothing to report, write "none STOCKS: ALL NAME OF GREDITOR	- H H - 1-H	MERI TR. ADDRES	/SG S OF CREDITOR	
PART F — INTERESTS IN SPECIFIED BUSINESSES [6 (If you have nothing to report, write "none	e" or "n/a")	n certain types of busin	esses - See instructions] BUSINESS ENTITY#2	
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
! OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST				
PART G — TRAINING For elected municipal officers required to complete an	HAVE COMPLE	TED THE REQU	JIRED TRAINING.	
IF ANY OF PARTS A THROUGH G AF	RE CONTINUED ON	A SEPARATE SH	EET, PLEASE CHECK HERE •	
Signature:		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		
Date Signed:		Form 1 in accordance with Section 112.3145, Florida Statutes, and to instructions to the form. Upon my reasonable knowledge and belief, to disclosure herein is true and correct. CPA/Attorney Signature: Date Signed:		
FILING INSTRUCTIONS:				

If you were mailed the form by the Commission on Ethics or a County Candidates file this form together with their filing papers. Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be <u>returned</u>.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

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.

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, 2017.