

FORM 1

STATEMENT OF

2012

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME:

MAILING ADDRESS:

Bendekovic, Diane 19950

CITY: Plantation
12240 Nw 26th St

NAME OF AGENCY: Plantation FL 33323

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 OR NEW EMPLOYEE OR APPOINTEE

BROWARD COUNTY
 SUPERVISOR OF ELECTIONS
 2013 JUN -4 PM 12:17

**** 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, 2012 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR 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:

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, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
FRS	BROWARD CTB SCHOOL SYSTEM DIV. OF RETIREMENT 1317 WINEWOOD BLVD BLDG. B TALLAHASSEE, FL 32309-1560	PENSION
U.S. SOCIAL SECURITY	WWW.SSA.GOV	SOCIAL SECURITY
CITY OF PLANTATION	12240 NW 26th St PLANTATION FL 33327	SALARY

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 SOURCE 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, you must write "none" or "n/a")

JOINT TENANCY WITH RIGHT OF SURVIVOR DIANE B BENDEKOVIC

(1) RESIDENCE: 12240 NW 26 ST PLANTATION FL 33323
J. THOMAS BENDEKOVIC

(2) 1369 E. RIGBY ROAD WELLSBERRY FL 32465

(3) 931 74 RD 159 FT. RIVER CO FL 32067

(4) 2000 LOT 1 LESS 210 FT PARCELS 60670 - 0368
EUBANK HATCHER, FL 32465

(5) EAGLE LA ANDING LOT #3 PHASE - 2
OAK MOUNT MIDDLEBURG, FL CLAY CTY

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, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
VALIC TEIRA MUTUAL FUND INC MONEY MARKET	DEFERRED COMP. PERSONAL LLC INC RAC
STOCKS: BAC / SUN TRUST / MOTOROLA / FORTAIDE BRALB JARDEN (SJOINT) / NORTHROP GRUMMAN / BAKER HUGHES / AIG	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
CAPITOL MTC. SERV. OF TEXAS BANK OF AMERICA	TEXAS PO BOX 6338 LUBBOCK, TEXAS 79400

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

	BUSINESS 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			

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

SIGNATURE (required): Diane Peltti Bendekovic **DATE SIGNED (required):** 6-3-2013

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, 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.

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.
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.

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 for publicly-elected local office must file at the same time they file their qualifying papers.
Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.
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, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2012.

Facsimiles will not be accepted.