

FOR OFFICE USE ONLY:

Amitie Bellini-260030
Sea Ranch Lakes Village - Village Council
11 Tahoe Ln
Sea Ranch Lks, FL 33308

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

\*\*\*\* 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, 2018 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 "n/a")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

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")

Table with 4 columns: 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")

Table with 1 column for reporting real property details

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

| TYPE OF INTANGIBLE | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |
|--------------------|---|
|                    |   |
|                    |   |

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

| NAME OF CREDITOR | ADDRESS OF CREDITOR |
|------------------|---------------------|
|                  |                     |
|                  |                     |

**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                   |                     |                     |
| POSITION HELD WITH ENTITY                     |                     |                     |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS |                     |                     |
| NATURE OF MY OWNERSHIP INTEREST               |                     |                     |

**PART G — TRAINING**

For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

**SIGNATURE OF FILER:**

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**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:**

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. 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 returned.

**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.

**Candidates** file this form together with their filing papers.

**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, 2018.



## **All Broward County Form-1 Filers:**

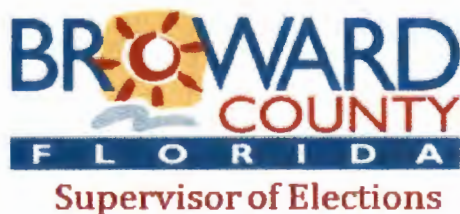
### ***Instructions for submitting Form-1 through email:***

#### **Requirements:**

- ♦ **Each page must be scanned separately**
- ♦ **All documents must be PDF's**
- ♦ **No mail sizes over 8MB should be sent at one time.**

#### **How to Submit Form 1 Statement of Financial Disclosure by e-mail:**

- Step 1. Scan each page of the documents that you will be submitting  
You must scan both sides of each submitted document.  
Be certain to sign the form on the line provided and  
include any additional documentation that you deem necessary.
- Step 2. Open a new email and type Form 1 on the subject line.
- Step 3. Attach all documents to be submitted, including your  
signed Form 1.
- Step 4. Send your e-mail to: [form1@browardsoe.org](mailto:form1@browardsoe.org)
- Step 5. Our office will provide an email confirmation upon receipt of  
your Form 1 email submission.
- Step 6. After June 1st , 2019 Verify that your information was updated  
on the Commission On Ethics Website at: [ethics.state.fl.us](http://ethics.state.fl.us).



. . . **IMPORTANT** . . . **IMPORTANT** . . . **IMPORTANT** . . .

**Form 1 Filers -to file by email use: [form1@browardsoe.org](mailto:form1@browardsoe.org)**

**FORMS ARE DUE JULY 1**

*Filing late may result in automatic fines of \$25 per day!*

*Failure to pay fines may result in salary withholding, wage garnishment, or removal from office or employment!*

\* \* \*

**Read the Instructions**

*The Commission does not review forms for accuracy, and a complaint can be filed against you for failing to properly make a required disclosure.*

\* \* \*

**Manner of Calculating Reportable Interest**

*You have 2 options – Comparative (Percentage) Threshold or Dollar Value Threshold.*

*The instructions describe each option in detail.*

*You must choose one and check the box that reflects your choice.*

\* \* \*

**Elected Municipal Officers**

*Elected municipal officers are required to complete 4 hours of ethics training each calendar year. Compliance with the training requirement must be reported on the Form 1. Elected members of a special district are not municipal officers subject to the training requirement. For more ethics training information, visit the training page of the Commission's website.*

\* \* \*

**Your Disclosure is a Public Record**

*Do NOT put social security, bank account or credit card numbers on your Form 1.*

*If your home address or other information is exempt from*

*disclosure under Section 119.071, F.S., and you want us to keep it confidential,*

*you must submit a written request as required by Section 119.071.*



**Questions?**

**Visit our website: [www.ethics.state.fl.us](http://www.ethics.state.fl.us)**

*Under the "Financial Disclosure" tab you can find information about your specific filing requirement, coordinator contact information, where to file, and the ability to confirm that your form has been received (please allow five business days from the date you mailed the form). Helpful general information and summaries of the Commission's most significant opinions dealing with financial disclosure can also be found here.*

**Contact us!**

*(850) 488-7864 or email: [disclosure@leq.state.fl.us](mailto:disclosure@leq.state.fl.us)*