

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2012

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

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
FINKELSTEIN, HOWARD

19038

MAILING ADDRESS:
201 SE 6th Street, Suite 3872

COMMISSION ON ETHICS
DATE RECEIVED

JUN 19 2013

CITY: ZIP: COUNTY:
Fort Lauderdale 33301 Broward

PROCESSED

NAME OF AGENCY :
Office of the Public Defender, 17th Judicial Circuit

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Public Defender, 17th Judicial Circuit

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2012, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 12 was \$ 824,097.06

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 85,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
SEE ATTACHED SCHEDULE	\$943,102.15

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Flagler Bank, P.O. Box 371891, Pittsburgh, PA 15250	\$204,005.09

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2012 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2012 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2012 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
State of Florida, Public Defender, 17th Circuit	200 E. Gaines St., Tallahassee, FL 32399	\$150,076.92
Sunbeam Television Corp., dba WSVN-TV	1401 79th Street Causeway, Miami, FL 33131	\$41,365.00

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE			

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE		
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 E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

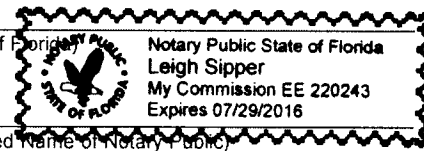
STATE OF FLORIDA
 COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 10 day of

June, 20 13 by Howard Finkelstein

[Signature]
 (Signature of Notary Public--State of Florida)

Leigh L. Sipper
 (Print, Type, or Stamp Commissioned Name of Notary Public)



[Signature]
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known OR Produced Identification _____

Type of Identification Produced _____

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.

PART B – ASSETS

Assets individually valued over \$1000

<u>DESCRIPTION OF ASSET</u>	<u>VALUE OF ASSET</u>
Cash/Bank accounts - City County Credit Union	\$88,103.29
SEP/IRA - Morgan Stanley	\$77,297.76
Life Insurance Cash Value - Mass Mutual	\$159,371.38
Deferred Compensation - State of Florida	\$189,746.33
Stocks/Mutual Funds/Cash - Morgan Stanley	\$107,543.39
Toyota Corolla 2008	\$8,500.00
Toyota Prius 2005	\$8,100.00
Single Family Residence	\$304,440.00
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TOTAL	\$943,102.15