FORM 1	STATEM	2010				
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS				
PAST NAME - FIRST NAME - MIDDLE NA SUGGEOTON - MAUN'S	ime: e-Andre	FOR OF USE ON	• • • • • • • • • • • • • • • • • • • •			
91700 Monteverdi	Nay		I ID Code			
<u> </u>	OCUMENT.		,5 545			
For TM Vers 3	39/2 Lee		ID No.			
Analssance ()) NAME OF OFFICE OR POSITION HELD O	R SOUGHTA		Conf. Code			
Supervisor (resigned in all 3011) You are not limited to the space on the lines on this form, Attach additional speets, if necessary.			P. Red. Code			
CHECK ONLY IF CANDIDATE OR	•	•	general .			
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, 2010 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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS						
PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] (If you have nothing to report, you must write "none" or "n/a")						
NAME OF SOURCE OF INCOME		RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
Heptoer-Johnson, LLO	_ 1350 Cl. AVE. NID	U Weshington DC	Law Firm			
	- 	200 310				
NAME OF N	, you must write "none" or "rJa" AME OF MAJOR SOURCES	ADDRESS	PRINCIPAL BUSINESS			
BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE			
NH						
'//'						
PART C - REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
1230, #2, Triana Jerraci	Port Myers, PA	339/2	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 D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] (If you have nothing to report, you must write "none" or "n/a")						
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
///						
11/1/						
10/11						
·						
			<u> </u>			
PART E — LIABILITIES [Major de (If you have nothing to	ols] report, you must write "noi	ne" or "n/a")		panis. panis Carag		
NAME_OF CREDIT	OR	ADDRESS OF CREDITOR				
. / /						
$\mathcal{X}//\mathcal{A}$	7			(A)		
- / 0 / /				92 r*1		
		 		r¢.		
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]						
	BUSINESS ENTITY	#1 BUSI	NESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	1/04/6					
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)	Berger.	2_	DATE SIGNED (r	equired): 7/11/11		
FILING INSTRUCTIONS:						
WHAT TO FILE:	()	TO FILE:		N 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 filling.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

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 praviously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

If you were maited 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; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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.

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.

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Mike Bergeron
7/11/11

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from the Resaussance
(CDD in May, 2011.

Thanks.

Phonest 239-693-9685