FORM 1 F		FEMENT OF	200	2009
(TO BE FILED	FINANCIAL WITHIN 60 DAYS OF LEAV	INTERESTS ING PUBLIC OFFIC	E OR	EMPLOYMENTED
AST NAME - FIRST NAME - 1 <u>BERTELINI</u> MAILING ADDRESS: <u>3810</u> <u>A.N.</u> <u>54</u> <u>CAPE</u> <u>COKA</u> CITY ZH	NAME OF REPORTING PERSON'S AGENCY: RECTAND JUN 1 2010 UN 1 2010 CHECK ONE OF THE FOLLOWING (see "Who Must File Desige 3): CHECK ONE OF THE FOLLOWING (see "Who Must File Desige 3): LOCAL OFFICER STATE OFFICER SPECIFIED STATE EMPLOYEE LIST OFFICE OR POSITION HELD:			
DEFICE OR EMPLOYMENT DES MANNER OF CALCULATING THE LEGISLATURE ALLOWS FIL EWER CALCULATIONS, OR US Jurther details). PLEASE STATE I COMPARATIVE (F CART A PRIMARY SOURCE NAME OF SOURCE OF INCOME CITY OF COPE Social Security	Y FINANCIAL INTERESTS FOR THE PERIOR CRIBED ABOVE, WHICH DATE WAS REPORTABLE INTERESTS: ERS THE OPTION OF USING REPORTING SING COMPARATIVE THRESHOLDS, WHI SELOW WHETHER THIS STATEMENT RE ERCENTAGE) THRESHOLDS ES OF INCOME [Major sources of incom SOUR ADDR MASShing Xia, TTIN	THRESHOLDS THATARE BS CH ARE USUALLY TASKD O FLECTS EITHER (ctrack one) OR DOLL the to the reporting person] CE'S		THE AST DATE I HELD THE PUBLIC 2011. (Late must be plor to 12/31/09) ADU AR VALUES, WHICH REQUIRES ENTAGE VALUES, WHICH REQUIRES ENTAGE VALUES, WHICH REQUIRES INTAGE VALUES INTAGE VA
PART B SECONDARY SOL NAME OF BUSINESS ENTITY	IRCES OF INCOME [Major customers, c NAME OF MAJOR SOURCES OF BUSINESS' INCOME	lients, and other sources of inco ADDRESS OF SOURCE	ome to bu	isinesses owned by reporting person) PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	[Land, buildings owned by the reporting pe		when locate INST this fo	ING INSTRUCTIONS for and where to file this form are od at the bottom of page 2. RUCTIONS on who must file orm and how to fill it out begin ge 3 of this packet.
			отн	ER FORMS you may need to e described on page 6.

PART D — INTANGIBLE PERSONAL PRO TYPE OF INTANGIBLE	DPERTY [Stocks, bonds	s, certificates of deposit, etc.] BUSINESS ENTITY TO WH		FRTY RFI ATES	
—					
······	, 				
			/		
		X			
	×+		<u> </u>		
PART E LIABILITIES [Major debts]	I	ADDRESS	OF CREDITOR		
SMBC Lease Car	P.0.	Box 12699, 6		1.	
Alling Masc I.N.		JOX 12071, 0	(Charles		
	·				
	<u> </u>	<u> </u>	<u></u>	<u> </u>	
		····	. <u></u>		
		ويتقبده فيعتهم والوالي بالوا			
PART F INTERESTS IN SPECIFIED BU	-		-		
NAME OF	ESS ENTITY # 1	BUSINESS ENTITY #	2	BUSINESS ENTITY # 3	
BUSINESS ENTITY	ж. 				
PRINCIPÁL BUSINESS				<u> </u>	
ACTIVITY POSITION HELD		+			
WITH ENTITY	<u> </u>				
INTEREST IN THE BUSINESS					
IF ANY OF PARTS A THROUGH	F ARE CONTINUE	ED ON A SEPARATE SHE	ET, PLEASE		
SIGNATURE: Andrew Bel	A.L.	DATE SIGNED: 6/15/10			
	loun				
		OTTINTIANO.			
	FILING IN	STRUCTIONS:			
WHAT TO FILE:		/HERE TO FILE: NOTE			
After completing all parts of this form on pages 1 and 2, including signing and dating it,		Local officers: file with the Supervisor of Elections of the county in which you perma-		If you are leaving office or employment during the first half of 2009, you may not	
send back only pages 1 and 2 for filing (you need not return any of the instruction pages).	nently reside. (If yo	nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county this is not the last form you will fi			
Facsimiles will not be accepted.	where your agency	where your agency has its headquarters.) though the Form 1F cove		orm 1F covers the final portion	
WHEN TO FILE:		State officers or specified state employ- ees: 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. To determine what category your position falls under, see the "Who Must File" Instructions			
At the end of office or employment each local officer, state officer, and specified state	Drawer 15709, Ta				
employee is required to file a final disclosure form (Form 1F) within 60 days of leaving	South, Suite 201, 7				
office or employment, unless he or she takes					
another position within the 60-day period that requires filing financial disclosure on Form 1 or	on page 3.				

Form 6.