

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME

Berenberg, Danny, Bob

MAILING ADDRESS

91 San Juan Drive, Building C Unit 2

CITY ZIP COUNTY

Ponte Vedra Beach 32082 St. Johns

NAME OF AGENCY

FL Dept. of State, FL Dept. of Ag.

NAME OF OFFICE OR POSITION HELD OR SOUGHT

Commissioner

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

FOR OFFICE USE ONLY:

COMMISSION ON ETHICS

DATE RECEIVED

AUG 18 2010

ID Code

ID No

22132

Conf Code

P Req Code

RELEASED

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 (check one)

DECEMBER 31, 2009 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 (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	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Lincoln Dels Inc.	5555 DeweyHill Rd., Edina, MN	Property Management
GiftCounsel.com	3010 South 3rd Street, STE D, JAX Beach, FL	Fundraising

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] (if you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
n/a			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person] (if you have nothing to report, you must write "none" or "n/a")

n/a

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.

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
n/a	

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

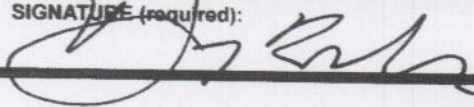
NAME OF CREDITOR	ADDRESS OF CREDITOR
Chase Mortgage	PO Box 9001871, Louisville, KY 40290

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]
 (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	Lincoln Del's Inc.	GiftCounsel.com	
ADDRESS OF BUSINESS ENTITY	5555 Dewey Hill Rd, Edina	3010 S. 3rd St, Jax Beach	
PRINCIPAL BUSINESS ACTIVITY	Property Management	Fundraising	
POSITION HELD WITH ENTITY	President	Founding Partner	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes	yes	
NATURE OF MY OWNERSHIP INTEREST	98% stock owner	owner	

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

SIGNATURE (required):



DATE SIGNED (required):

August 17, 2016

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)

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 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:

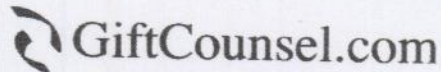
If you were mailed the form by mail on Ethics or a County Supervisor's annual disclosure filing, file at that location

Local officers/employees file with the Clerk of Elections of the county in which you presently reside (If you do not presently reside in Florida, file with the Supervisor where your agency has its headquarters)

State officers or specified file with the Commission on Ethics, 15709, Tallahassee, FL 32312 address 3600 Maclay Boulevard, 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



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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