

Please type or print in ink.

NAME OF FILER: (LAST) Bergman (FIRST) Brian (MIDDLE) S

1. Office, Agency, or Court

Agency Name

City of La Habra Heights Mayor
Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State Judge (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of La Habra Heights Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2010, through December 31, 2010. -or- The period covered is _____ through December 31, 2010.
- Assuming Office: Date _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2010, through the date of leaving office.
- The period covered is _____ through the date of leaving office.
- Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

[Redacted Signature Area]

(362) 690-5047

I have used all reasonable diligence in preparing this statement. I have reviewed the herein and in any attached schedules is true and complete. I acknowledge this is I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-28-11 (month, day, year)

Signature (File the originally signed statement with your filing official.)