

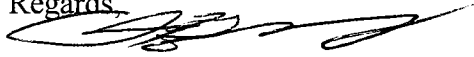
Ms. Sharon Harrington
Lee County Supervisor of Elections
2480 Thompson Street
Ft Myers, FL 33901

Ms. Harrington,

Please allow this letter to serve as my official request to transfer the paperwork establishing my candidacy for Lee County Board of County Commissioners, District #1, from the 2012 election cycle to the 2010 election cycle.

Should there be any questions or concerns, please feel free to call me at 239-560-0183.

Regards,



Christopher Berardi

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

CANDIDATE WITH PARTY AFFILIATION

STATE OF FLORIDA

COUNTY OF Lee

OFFICE USE ONLY

I, <u>Christopher</u>	<u>James</u>	<u>Berardi</u>
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, Chris Berardi
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of Lee County Commissioner, 1, ,
(office) (district) (circuit)
; I am a qualified elector of Lee County, Florida; I am qualified
(group)

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the Republican Party; I am not a registered member of any other political party; I have not been a candidate for nomination for any other political party for a period of 6 months preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

<u>[Signature]</u> Signature of Candidate	<u>(239) 560-0183</u> Telephone Number	<u>chrisberardi@ymail.com</u> Email Address
<u>2603 Somerville Loop</u> Address	<u>Cape Coral</u> City	<u>FL 33991</u> State ZIP Code

Sworn to (or affirmed) and subscribed before me this 16 day of June, 2010.

Personally Known: or

[Signature]
Signature of Notary Public - State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public

Produced Identification: _____

Type of Identification Produced:


JOSEPH E. HALL
 MY COMMISSION # DD 635622
 EXPIRES: December 8, 2012
 Bonded Thru Budget Notary Services

10JUN16PM0353 SDE Lee Co FL

FORM 6 FULL AND PUBLIC DISCLOSURE OF

2009

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

FINANCIAL INTEREST

LAST NAME — FIRST NAME — MIDDLE NAME:

Berardi Christopher James

MAILING ADDRESS:

2603 Somerville Loop #104

CITY:

Cape Coral

ZIP:

FL 33991

COUNTY:

Lee

NAME OF AGENCY:

Lee County Board of County Commissioners - Dist 1

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Lee County Board of County Commissioners - Dist 1

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

*10JIN16PM0353 SDE Lee Co FI

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2009, 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 09 was \$ <61,873>

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 \$ 28,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
House, 3628 NW 3rd Terrace Cape Coral FL 33993	138,000
Retirement account, (401K) Hartford Leaders	4,227
Retirement account, (401K) Fidelity Investments	12,040
Fifth Third Bank, Savings account	8,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Mortgage, Bank of America Po Box 5170 Simi Valley, CA 93062-5170	198,000
Equity line, Regions Bank Po Box 216 Birmingham, AL 35201	60,000
Credit Loan, Westlake Financial 4751 Wilshire Blvd Ste 100 Los Angeles, CA 90010	6,100

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2009 federal income tax return, including all 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 2009 federal income tax return. [If you check this box and attach a copy of your 2009 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Naples Realty Services	4980 Tamiami Tr N. ²⁰⁰ Naples FL 34103	26,691.18
Miloff Suburban Realty Group	4707 SE 9th Pl Cape Coral FL 33904	12,515.25
Rental Income	3628 NW 3rd Ter Cape Coral FL 33998	18,000.00

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
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

STATE OF FLORIDA,
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 16 day of

June, 20 10 by Christopher J. Berard

Joseph E. Hall
(Signature of Notary Public--State of Florida)



JOSEPH E. HALL
MY COMMISSION # DD 835622
EXPIRES: December 8, 2012
Bonded Thru Budget Notary Services

Joseph E HALL
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____

NOTARY PUBLIC STATE OF FLORIDA

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.

[Signature]
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.