FORM 1	STATEMENT O	F	2009		
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTER	RESTS [
LAST NAME FIRST NAME MIDDLE NAME BERRY MAILING ADDRESS:	Whitehorst	FOR OFFICE USE ONLY:	مرا خا		
1614 Glowial Blu	d	/ <u>Y</u>	Code G		
Fort Myers, FL	county:	ID	Code P164100000000000000000000000000000000000		
NAME OF AGENCY. City of tout Myer Com NAME OF OFFICE OR POSITION HELD OR S Board Member	le Enforcement Board		nf. Code The Req. Code		
You are not limited to the space on the lines on the CHECK ONLY IF CANDIDATE OR	nis form. Attach additional sheets, if necessary. NEW EMPLOYEE OR APPOINTEE	ł	f ormed		
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: 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 (If you have nothing to report, yo	[Major sources of income to the reporting persounds write "none" or "nla")	on]			
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS		ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Clark W. Berry, P.A.	 		Law Office		
	Fort Myer, Fc. 3390	2			
PART B SECONDARY SOURCES OF INC	OME [Major customers, clients, and other source ou must write "none" or "n/a")	s of income to busine	sses owned by the reporting person]		
NAME OF NAM	IE OF MAJOR SOURCES AD	DRESS SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
<u> </u>					
PART C REAL PROPERTY [Land, buildings (If you have nothing to report, you 12)? Hawter A.		wher are l INS file t	NG INSTRUCTIONS for n and where to file this form ocated at the bottom of page 2. TRUCTIONS on who must his form and how to fill it out n on page 3.		
			IER FORMS you may need e are described on page 6.		

IN INNOIDEE PERSON	IAL PROPERTY (S	Stocks, bonds, certifi	icates of deposit, etc.]			
(If you have nothing to	o report, you mus	it write "none" or "	n/a")			
TYPE OF INTANGIBLE			BUSINESS ENTITY TO WHICH TH	IE PROPERTY RELATES		
LVS		trus	ym' to the same of			
may markets		1 pe	ivsur'	•		
l		- 				
						
						
PART E — LIABILITIES [Major de	bts]					
(If you have nothing to	report, you must	t write "none" or "r	n/a")			
NAME OF CREDITOR			ADDRESS OF CREDITOR			
Fla. Golf Bank		100 B.	GO. Box 2939 Fort Myers, Fr. 33902			
				,		
			· · · · · · · · · · · · · · · · · · ·			
DADTE MITTERS						
PART F — INTERESTS IN SPECIFIE (If you have nothing to r	report, you must w	vrite "none" or "n/a'	•	RI ICINIECO ENTITY # 5		
(If you have nothing to r	report, you must w BUSINE	vrite "none" or "n/a' SS ENTITY # 1	ons in certain types of businesses] ") BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
(If you have nothing to r	report, you must w	vrite "none" or "n/a' SS ENTITY # 1	")	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	report, you must w BUSINE	vrite "none" or "n/a' SS ENTITY # 1	")	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY	report, you must w BUSINE	vrite "none" or "n/a' SS ENTITY # 1	")	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY	report, you must w BUSINE	vrite "none" or "n/a' SS ENTITY # 1	")	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	report, you must w BUSINE	vrite "none" or "n/a' SS ENTITY # 1	")	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5%	report, you must w BUSINE	vrite "none" or "n/a' SS ENTITY # 1	")	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY 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	BUSINES	write "none" or "n/a"	") BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY 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	BUSINES	write "none" or "n/a"	BUSINESS ENTITY # 2 D ON A SEPARATE SHEET, PL	EASE CHECK HERE		
NAME OF BUSINESS ENTITY 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	BUSINES	write "none" or "n/a"	") BUSINESS ENTITY # 2	EASE CHECK HERE		
NAME OF BUSINESS ENTITY 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	THROUGH F A	Write "none" or "n/a" SS ENTITY # 1	BUSINESS ENTITY # 2 D ON A SEPARATE SHEET, PL	EASE CHECK HERE (required):		

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.

If you were mailed 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.

109EP159M09#35NE Lee Col

September 15, 2010

Via Certified Mail # 7009 1680 0001 5237 7460 Return Receipt Requested

Lee County Supervisor Of Elections Attn: Sharon L. Harrington, Supervisor of Elections P.O. Box 2545 Fort Myers, FL 33902

RE: Statement of Financial Interest

Dear Ms. Harrington:

Enclosed please find my Statement of Financial Interests. I am a new Board Member on the City of Fort Myers Code Enforcement Board.

Very truly yours,

Clark W. Berry, Esq.

CWB/kah

Enclosure