

FORM 2 QUARTERLY CLIENT DISCLOSURE

LAST NAME—FIRST NAME—MIDDLE NAME Gooderham, Kathryn Leigh		NAME OF AGENCY Lee County Disaster Council, & Coastal Advisory Council	
MAILING ADDRESS 5460 Beaujolais Lane		OFFICE HELD <input type="checkbox"/> ELECTED CONSTITUTIONAL OFFICER <input type="checkbox"/> STATE OFFICER <input checked="" type="checkbox"/> LOCAL OFFICER	
CITY Fort Myers, FL	ZIP 33919-2704	COUNTY	POSITION HELD
FOR QUARTER ENDING (Check One) <input type="checkbox"/> MARCH <input type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input checked="" type="checkbox"/> DECEMBER		YEAR 2005	<input type="checkbox"/> SPECIFIED STATE EMPLOYEE

DISCLOSURE OF CLIENTS REPRESENTED BEFORE AGENCY (Required by Fla. Stat. § 112.3145(4))

[NOTE: Under Art. II, §8(e), Fla. Const., and §112.313(9), Fla. Stat., members of the Legislature are prohibited from personally representing another person or entity for compensation before State agencies (other than judicial tribunals). However, members of the Legislature are required to disclose any such appearances before State agencies made by any partner or associate of a professional firm of which the legislator is a member. Also, public officers and their firms are prohibited by §112.313(7), Fla. Stat., from representing clients before boards on which they serve. Note also that local government attorneys and their firms are prohibited by §112.313(16), Fla. Stat., from representing private clients before the local governments they serve.]

1. If you are a state officer, elected constitutional officer of state government, or specified employee—

Please list below the names of all clients who were represented for a fee or commission during the previous calendar quarter before any agency at the state level of government either by you or by any partner or associate of a professional firm of which you are a member and of which representation you have actual knowledge. Also list the name of the agencies before which such clients were represented.

2. If you are a local officer or elected constitutional officer of local government—

Please list below the names of all clients who were represented for a fee or commission during the previous calendar quarter before any agency within the political subdivision you serve either by you or by any partner or associate of a professional firm of which you are a member and of which representation you have actual knowledge. Also list the names of the agencies before which such clients were represented.

NOTE: "Representation" includes actual physical attendance on behalf of a client in an agency proceeding, letters written or documents filed on behalf of a client, and personal communications made with the officers or employees of any agency on behalf of a client. "Representation" DOES NOT include appearances before any court, or Chief Judges of Compensation Claims or judges of compensation claims, representations on behalf of your agency in your official capacity, the preparation and filing of forms and applications merely for the purpose of obtaining or transferring a license based on a quota or a franchise of such agency, or a license or operation permit to engage in a profession, business or occupation, so long as the issuance or granting of such license, permit, or transfer, a variance, a special consideration, or a certificate of public convenience and necessity does not require substantial discretion. You are NOT required to disclose appearances in ministerial matters, i.e., where the person before whom you represent a client takes action in a prescribed manner in obedience to the mandate of legal authority, without the exercise of the person's own judgement or discretion as to the propriety of the action taken. For example, filing a document with a Circuit Court Clerk is a ministerial matter since it requires no discretionary action by the Clerk.

NAME OF CLIENTS	NAME OF AGENCIES	CHECK IF REPRESENTED BY YOU
Captiva Island Property Owners Assn.	BOCC	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<input type="checkbox"/> CHECK IF CONTINUED ON SEPARATE SHEET		Signature <i>Kate Gooderham</i>

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.

FILING INSTRUCTIONS

Local officers: This form, when completed and signed, should be filed with the Supervisor of Elections of the county in which you are principally employed or a resident.

State officers, elected constitutional officers, or specified state employees: Please file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, Florida 32317-5709.

It is due not later than the last day of the calendar quarter following the calendar quarter during which the representation was made. (Example: If a representation was made in March, the form disclosing it should be filed by June 30.) This form need not be filed if no reportable representations were made during the quarter.

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MAILING ADDRESS 5460 Beaujolais Lane			<input type="checkbox"/> ELECTED CONSTITUTIONAL OFFICER <input type="checkbox"/> STATE OFFICER <input checked="" type="checkbox"/> LOCAL OFFICER		
CITY Fort Myers, FL	ZIP 33919-2704	COUNTY Lee	POSITION HELD SUPERVISOR		
FOR QUARTER ENDING (Check One) <input type="checkbox"/> MARCH <input type="checkbox"/> JUNE <input checked="" type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER			YEAR 2005		
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<input type="checkbox"/> CHECK IF CONTINUED ON SEPARATE SHEET		Signature <i>Kate Gooderham</i> FILING INSTRUCTIONS

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CITY Fort Myers,	ZIP FL 33919	COUNTY Lee	POSITION HELD	
FOR QUARTER ENDING (Check One) <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER			YEAR 2005	<input type="checkbox"/> SPECIFIED STATE EMPLOYEE

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NAME OF CLIENTS	NAME OF AGENCIES	CHECK IF REPRESENTED BY YOU
Captiva Island Property Owners Assn.	BOCC	X
<input type="checkbox"/> CHECK IF CONTINUED ON SEPARATE SHEET		Signature <i>Kate Gooderham</i>

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CITY Fort Myers, FL	ZIP 33919	COUNTY Lee			
FOR QUARTER ENDING (Check One) <input checked="" type="checkbox"/> MARCH <input type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER			YEAR 2005	<input type="checkbox"/> SPECIFIED STATE EMPLOYEE	

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Captiva Island Property Owners Assn.	BOCC	X
<input type="checkbox"/> CHECK IF CONTINUED ON SEPARATE SHEET		Signature <i>Kathryn Gooderham</i>

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