

# FORM 2 QUARTERLY CLIENT DISCLOSURE

LAST NAME—FIRST NAME—MIDDLE NAME Inge Ronald E.			NAME OF AGENCY Lee County Local Planning Agency		
MAILING ADDRESS 5571 Halifax Avenue			OFFICE HELD		
CITY Fort Myers, FL	ZIP 33912	COUNTY Lee	<input type="checkbox"/> ELECTED CONSTITUTIONAL OFFICER <input type="checkbox"/> STATE OFFICER <input checked="" type="checkbox"/> LOCAL OFFICER		
FOR QUARTER ENDING (Check One)		YEAR 2007	POSITION HELD		
<input checked="" type="checkbox"/> MARCH	<input type="checkbox"/> JUNE	<input type="checkbox"/> SEPTEMBER	<input type="checkbox"/> DECEMBER	<input type="checkbox"/> SPECIFIED STATE EMPLOYEE	

## PART A

### DISCLOSURE OF CLIENTS REPRESENTED BEFORE AGENCIES

[Required by Florida Statutes § 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 list below 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 name 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.

QUARTERLY REPORT

NAME OF CLIENTS	NAME OF AGENCIES	CHECK IF REPRESENTED BY YOU
Oakcreek Land Bank, LLC	LEE DCD	X
S.W. Florida Land Twelve, LLC	Lee BOCC	X
<input checked="" type="checkbox"/> CHECK IF CONTINUED ON SEPARATE SHEET	Signature	

## PART B

### FILING INSTRUCTIONS

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 if you are a local officer. If you are a state officer, elected constitutional officer, or specified state employee, please file with the Department of State, Room 1802, The Capitol, Tallahassee, Florida 32399-0250. It is due not later than fifteen (15) days following the calendar quarter during which the representation was made. This form need not be filed if no reportable representations were made during the quarter.

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.

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FOR QUARTER ENDING (Check One) <input checked="" type="checkbox"/> MARCH <input type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER		YEAR 2007		

PART A

S.W. Florida Land Twelve LLC  
 S.W. Florida Land Twelve, LLC  
 S.W. Florida Land Twelve, LLC

LEE LPA  
 LEE DCD  
 LEE BOCC