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	₩ <u>,</u>	ELECTED CONSTITUTIONAL	OFFICE HELD	ż		
CITY ZIP Fort Myers, FL 33912	COUNTY LEE	STATE OFFICER				
FOR QUARTER ENDING (Check One)	YEAR 2007	SPECIFIED STATE EMPLOYEE		DIME 0		

DISCLOSURE OF CLIENTS REPRESENTED BEFORE AGENCIES [Required by Fla.Stat. § 112.314

[NOTE: Under Art. II, §8(e), Fla. Const., and §112.313(9), Fla. Stat., members of the Legislature are <u>prohibited</u> from personally representing another person or entity **if** and compensation before State agencies (other than judicial tribunals). However, members of the Legislature are required to list below any such appearances before State agencies (other than judicial tribunals). However, members of the Legislature are required to list below any such appearances before State agencies are before before bards on which they serve. Note also that local government attorneys and their firms are prohibited by §112.313(16), Fla. Stat., from representing private or 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.

epresentation" includes actual physical attendance on NOT client in an agency proceeding, letters written or filed on behalf of a client, and personal communihade with the afficers or employees of any agency on behalf o tetion" DOES NOT include appearclient: "Rep fes Judges of Compensation ances né ai or representations on Clain the preparation the purpose of and fili obtaining of r a frana qu chise of such ager In permit to engage in a profession, bus cupation, so long as the s or 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 proprietary 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
S.W. Florida Land Nineteen, LLC	Lee County Community Development	X
S.W. Florida Land Ten, LLC	Lee COunty Community Development	X
Florida Rock Industries, Inc	Lee County Community Development	Х
Florida Rock Industries, Inc	Lee County Attorneys Office	x
A CHECK IF CONTINUED ON SEPARATE SHEET	Signature	

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 SUS-PENSION FROM OFFICE OR EMPLOYMENT, DEMO-TION, 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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Inge Ronald E.		Lee County Local Planning Agency			
MAILING ADDRESS 5571 Halifax Avenue		ELECTED CONSTITUTIONAL OFFICE HELD OFFICER)		
CITY ZIP Fort Myers, FL 33912	COUNTY Lee	STATE OFFICER			
FOR QUARTER ENDING (Check One)	YEAR	POSITION HE	1.0		
I MARCH I JUNE SEPTEMBER I DEC	EMBER	SPECIFIED STATE EMPLOYEE			
PART A					

NAME OF CLIENTS	NAME OF AGENCIES	Check if
		Represented by You
Florida Rock Industries, Inc	Lee County DOT	XX
S.W.Florida 163, LLC	Lee County Community Development	
S.W.FLorida Nineteen, LLC	Lee County Community Development	
S.W.Florida Ten, LLC	Lee County Community Development	

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