	<u> </u>
FORM 2 QUARTE	RLY CLIENT DISCLOSURE
LAST NAME—FIRST NAME—MIDDLE NAME INGE RONALD E.	NAME OF AGENCY LEE COUNTY LOCAL PLANNING AGENCY
MAILING ADDRESS 5571 Halifax Avenue	© ELECTED CONSTITUTIONAL OFFICER
CITY ZIP COUN Fort Myers, FL 33912 L	TTY STATE OFFICER & SEE STATE OFFICER SEE STATE OFFICER SEE SEE SEE SEE SEE SEE SEE SEE SEE S
FOR QUARTER ENDING (Check One)  MARCH JUNE SEPTEMBER DECEMBER 200	POSITION HELD  POSITION HELD  POSITION HELD

## DISCLOSURE OF CLIENTS REPRESENTED BEFORE AGENCIES [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 <u>prohibited</u> from personally representing another person or entity for compensastion 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 names of the agencies before which such clients were represented.

NOTE: "Rep ncludes actual physical attendance on behalf of a bliefit in ncy proceeding, letters written or documents filed ent, and personal communications made loyees of any agency on behalf of a Es NOT include appearances before any f Compensation Claims or judge behalf of your ag eparation and filing of forms and application obtaining or transferring af chise of such agency, or a liven engage in a profession, business of occ pation, 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 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
Florida Rock Industries, Inc.	Lee County Natural Resources	X
Florida Rock Industries, Inc.	Lee County Utilities	X
Florida Rock Industries, Inc.	Lee County DOT	X
Florida Rock Industries, Inc.	Lee County Community Development	Х
M 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 SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.

## FILING INSTRUCTIONS

<u>Local officers</u>: 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. <u>State officers, elected constitutional officers, or specified state employees</u>: 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.

FORM 2 QUARTERLY	CLIENT DISCLOSURE	
LAST NAME—FIRST NAME—MIDDLE NAME	NAME OF AGENCY	
Inge Ronald E.	Lee County Local Planning Agency	
MAILING ADDRESS	D ELECTED CONSTITUTIONAL	
5571 Halifax Avenue	OFFICER .	
CITY ZIP COUNTY	STATE OFFICER	
Fort Myers, FL 33912 Lee	■ LOCAL OFFICER	
FOR QUARTER ENDING (Check One) YEAR	POSITION HELD	
☐ MARCH ☐ JUNE 🛛 SEPTEMBER DECEMBER 2009	☐ SPECIFIED STATE EMPLOYEE	
PART A		
Name of Clients Name of Agenc	cies Check if Represented by You	
Florida Rock Industries, Inc. Lee County At	torney's Office X	
Florida Rock Industries, Inc. Lee County Zo	ning X	
Florida Rock Industries, Inc. Lee County Pl	anning X	
Florida Rock Industries, Inc. Lee County La	nds X	
Florida Rock Industries, Inc. Lee County Co	mmission X	
Harper/McNew Lee County At	torney's Office X	
Harner /MaNay	Tr X	

