FORM 2 QUARTERLY	CLIENT DISCLOSURE
LAST NAME—FIRST NAME—MIDDLE NAME SALEHI - MOHSEN	LEE COUNTY BOCC/COMMUNITY SUSTAINABILITY
MARING ADDRESS 4786 HARROUR CAY BLVD	C) ELECTED CONSTITUTIONAL OFFICER
CITY ZP COUNTY FT MYERS 33919 LEE	D STATE OFFICER PLOCAL OFFICER
FOR QUARTER ENDING (Check Onl) YEAR U MARCH DAME CLESTEMER FORCEMER 2011	O SPECIFIED STATE EMPLOYEE

DISCLOSURE OF CLIENTS REPRESENTED BEFORE AGENCIES (PROMOTO PRESENTED BEFORE AGENCIES (PROMOTO PROMOTO PROM

PACTE: Under Art. II, \$6(4), Pin. Conet., and \$112.313(5), Pin. Stat., members of the Legislature are <u>applicated</u> from personally representing another person or self-personality butters State appearances before State appearance by any partner or associate of a professional time of which the implaces is a member. Also, possible attents and their firms are prohibited by \$112.313(7), Pin. Stat., from representing printing characters before before an which they serve. Note also that local government attentions and their firms are prohibited by \$112.313(16). Pin. Stat., from representing printing closes before the local governments they serve.)

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

Ploase liet 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 liet 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 catendar 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 attendency-in 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 in 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 iting 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 lesuance or granting of such ticense, 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 ministorial metters, i.e., where the person before whom you represent a client takes action in a prescribed menner 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 Clark is a ministerial matter since it requires no discretionary action by the Clark.

NAME OF CLIENTS	NAME OF AGENCIES	CHECK W REPRESENTED
	LEE COUNTY BOCK / C-SAC	
	-CITY OF BONITA SPRINGS	
CHECK IF CONTINUED ON SEPARATE SHEET	Signature Man Salen	

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 filled with the Supervisor of Elections of the county in which you are principally employed or a resident.

State officers, elected constitutional officers, or notellist state amplyment Places the with the Commission on Ethics, P.O. Drawer 18709, Tufninesses, Portide \$2317-5709.

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

LEE COUNTY ELECTRINS OFFICE P.O. BOX 2545 FORT MYELS, FL 33902-2545

THE WATER THE WAY



いが記されている。

SHARON L. HARRINGTON SUPERVISOR OF ELECTIONS LEE COUNTY - FLORIDA

PHYSICAL ADDRESS	MAILING ADDRESS
LEE COUNTY CONSTITUTIONAL COMPLEX	please send all correspondence to this address
2480 THOMPSON STREET 3RD FLOOR	P O BOX 2545
FORT MYERS FL 33901	FORT MYERS FL 33902-2545
MAIN OFFICE	FAX
239 LEE VOTE	239-533-6310
239-533-8683	WEBSITE www.ieeelections.com

TO: Local Officer

FROM:

Bernie Feliciano SALEHI, MOHSEN

bfeliciano@leeelections.com 4786 HARBOUR CAY BLVD FORT MYERS FL 33919

111597715

Filing Officer

DATE : 1/19/2012 12:19 PM

RE: Incomplete Form 2 Quarterly Client Disclosure for 2011

You recently filed your Form 2 Quarterly Client Disclosure for 2011 with the office of the Lee County Supervisor of Elections. The form is incomplete and the following must be corrected:

The form filed is a COPY. Form 2 Quarterly Client Disclosure must be filed as an original form bearing the signer's original signature and date.

You are required to file an <u>original</u> SIGNED and DATED form. The <u>original</u> SIGNED and DATED form must be returned immediately in order to comply with the signature and date requirements of Form 2 Quarterly Client Disclosure

Please use the postage-paid envelope provided to return the enclosed form. Please call 239-533-6304 if you have any questions.

Enclosures: Form 2 Quarterly Client Disclosure for 2011 For Original Signature And/Or Date

Postage Paid Return Envelope