FORM 2 OLIAE	TEDI V	CLIENT DISCLOS	IIDE
LAST NAME—FIRST NAME—MIDDLE NAME Strayhorn, E. Bruce MAILING ADDRESS 2125 First Street, Suite 201 CITY ZIP Fort Myers 33901 FOR QUARTER ENDING (Check One)	COUNTY Lee YEAR	NAME OF AGENCY Housing Authority of the City of Fort □ ELECTED CONSTITUTIONAL OFFICER □ STATE OFFICER □ LOCAL OFFICER	
□ MARCH SETJUNE □ SEPTEMBER □ DECEMBER DISCLOSURE OF CLIENTS REPR [NOTE: Under Art. II, §8(e), Fla. Const., and §	112.313(9), Fla	Stat., members of the Legislature are	equired by Fla.Stat. § 112.3745(5)] prohibited from personall\$\tilde{\psi}\$.
representing another person or entity for compensation Legislature are required to list below any such appearant which the legislator is a member. Also, public officers a boards on which they serve. Note also that local government representing private clients before the local government.	nces before Sta nd their firms ar nment attorneys	te agencies made by any partner or ass re prohibited by §112.313(7), Fla. Stat., f	ociate of a professional firm of rom representing clients before
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 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	N/	AME OF AGENCIES	CHECK IF REPRESENTED BY YOU
See Attached			
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NAME OF CLIENTS	NAME OF AGENCIES	CHECK IF REPRESENTED BY YOU
See Attached		
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CHECK IF CONTINUED ON SEPARATE SHEET

SIGNATURE:

DATE: 16 0ct 2015

FILING INSTRUCTIONS

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.

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.

Page Two
FORM 2 QUARTERLY CLIENT DISCLOSURE – June 30, 2018
Edwin Bruce Strayhorn
The Housing Authority of the City of Fort Myers, FL

Southwest Florida Everglades, LLC

Names of Clients	Names of Agencies
A & D Scrap Materials, LLC	City of Fort Myers Zoning Department
Affordable Auto Salvage/ Auto Parts Salvage	City of Fort Myers Real Estate Division
Alliance of Casa La Linda Corp	City of Fort Myers Code Enforcement Department
Campo Felice Phase I, LLC	City of Fort Myers Community Development
Cedar River at Fort Myers, LLC	City of Fort Myers Community Development
Cedar River at Fort Myers II, LLC	City of Fort Myers Community Redevelopment Agency
First Street Place LLC	City of Fort Myers Community Development City of Fort Myers Community Redevelopment Agency
Green, Willie	City of Fort Myers Board of Adjustments
Knight, Dr. Ann M.	City of Fort Myers Planning Board City of Fort Myers City Council
Lehner, Doreen	City of Fort Myers Business Tax Receipt Department
The MacFarlane Group	City of Fort Myers Community Redevelopment Agency City of Fort Myers Community Development City of Fort Myers Planning Board City of Fort Myers City Council City of Fort Myers Public Works Department City of Fort Myers Building & Zoning Department City of Fort Myers Engineering Department
Picerne Development Corporation	City of Fort Myers Community Development
Ricciani, Richard	City of Fort Myers Public Works Department

City of Fort Myers Community Development