FORM 2	OLIARTEE	DIV CLIENT DIG	31.0011	
LAST NAME—FIRST NAME—MIDDLE NAME	QUARTER	RLY CLIENT DISC	CLOSURE	
Strayhorn, Edwin Bruce		NAME OF AGENCY		
MAILING ADDRESS			Housing Authority of the City of Fort Myers	
2125 First Street, Suite 201		© ELECTED CONSTITUTION OFFICER	NAL OFFICE HELD	
Fort Manager	ZIP COUNT	Y STATE OFFICER		
33701	Lee	LOCAL OFFICER		
FOR QUARTER ENDING (Check On MARCH DIJUNE SEPTEMBER D	DECEMBER 2022	☐ SPECIFIED STATE EMPLO	POSITION HELD	
[NOTE: Under Art. II, §8(e), Fla. Correpresenting another person or entity for combegislature are required to list below any such which the legislator is a member. Also, public poards on which they serve. Note also that legislator is a member of the local graphs of state government.	npensation before Stath appearances before conflicers and their fire pocal government attorn overnments they son	TED BEFORE AGENO), Fla. Stat., members of the Legis ate agencies (other than judicial trib e State agencies made by any part ms are prohibited by §112.313(7), I rneys and their firms are prohibited ve.]	CIES [Required by Fla.Stat. § 112.314. slature are prohibited from personally bunals). However, members of the ther or associate of a professional firm Fla. Stat., from representing clients be by §112.313(16), Fla. Stat., from	
Please list below the names of all clients for a fee or commission during the prebefore any agency at the state level of you or by any partner or associate of which you are a member and of which reactual knowledge. Also list the name of which such clients were represented. 2. If you are a local officer or electrofficer of local government— Please list below the names of all clients for a fee or commission during the presented and agency within the political either by you or by any partner or associate of which you are a member and of you have actual knowledge. Also list the reference which such clients were represented.	s who were represent evious calendar quart for government either a professional firm epresentation you hand of the agencies before the agencies before the agencies before the agencies who were represented vious calendar quarted subdivision you serve the agencies of a professional for which representation agency of the agen	behalf of a client in an documents filed on the communications made we agency on behalf of a client include appearances be of Compensation Claims of capacity, the preparation merely for the purpose of based on a quota or a frait operation permit to engoccupation, so long as the permit, or transfer, a variated certificate of public convents substantial discretion. You are NOT required to matters, i.e., where the permit is mandate of legal authority, own judgement or discretic taken. For example, filing a	cludes actual physical attendance of agency proceeding, letters written of agency proceeding, letters written of behalf of a client, and personal p	
NAME OF CLIENTS		NAME OF AGENCIES	CHEOKIE BERRY	
			CHECK IF REPRESENTED BY YOU	
W				
		-		
CHECK IF CONTINUED ON SEPARATE	SHEET			
	The state of the s			
SNATURE:	DA	ATE: 10/14/22		
		11/1/00		
705			Control of the Contro	
ICE: UNDER PROVISIONS OF ELOR UTES §112.317, A FAILURE TO MAKE	FILING	INSTRUCTIONS	and signed, should be filed with the	

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.

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

State officers, elected constitutional officers, or specified state employees: Please file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, Florida 32317-

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 – September 2022 Edwin Bruce Strayhorn – The Housing Authority of the City of Fort Myers, FL

Names of Clients	Names of Agencies Check If Represented By You	
2401 Bay Street LLC	City of Fort Myers Community Redevelopment Agency City of Fort Myers	
2150 Fowler Rams Plaza, LLC	City of Fort Myers Community Redevelopment Agency City of Fort Myers	
2044 West First Capital, LLC	City of Fort Myers Community Redevelopment Agency	
A & D Scrap Materials, LLC	City of Fort Myers	
Billy's Creek Preserve LLC	City of Fort Myers Community Redevelopment Agency	
Cedar River At Fort Myers II LLC	City of Fort Myers Community Redevelopment Agency City of Fort Myers	
CG Lee Ind, LLC	City of Fort Myers	
Cobblestone Owner, LLC	City of Fort Myers	
Joe Dozier, Jr.	City of Fort Myers	
Elevate Partners, LLC	City of Fort Myers	
Guardian Fleet Services, Inc.	City of Fort Myers	
La Mesa RV Center Inc (Florida)	City of Fort Myers	
Premier Portables, LLC	City of Fort Myers	
Prima Luce LLC	City of Fort Myers	
Redburn Development Partners, LLC	City of Fort Myers Community Redevelopment Agency	
Retland Holdings, LLC	City of Fort Myers	
Safe Harbor Development FL, LLC	City of Fort Myers	
SOHO Sight LLC	City of Fort Myers Community Redevelopment Agency City of Fort Myers	
Storm Smart Building Systems LLC	City of Fort Myers	
STRE Properties, LLC	City of Fort Myers	

Vantage Ft. Myers, LLC

City of Fort Myers Community Redevelopment Agency
City of Fort Myers

Waste Pro USA

City of Fort Myers V

West Florida Division, Inc./Hope 97, LLC

City of Fort Myers

Wolfson Development, Inc.

City of Fort Myers

ZP 362 Fort Myers Church LLC

City of Fort Myers Community Redevelopment Agency City of Fort Myers