FORM 2 QUARTERLY CLIENT DISCLOSURE			
LAST NAME—FIRST NAME—MIDDLE NAME Strayhorn, Edwin Bruce	NAME OF AGENCY Housing Authority of the City of Fort Myers		
MAILING ADDRESS 2125 First Street, Suite 201	☐ ELECTED CONSTITUTIONAL OFFICER OFFICE HELD		
Fort Myers 33901 Lee	☐ STATE OFFICER ☐ LOCAL OFFICER Commissioner		
FOR QUARTER ENDING (Check One) MARCH JUNE SEPTEMBER 12 DECEMBER 2009	POSITION HELD SPECIFIED STATE EMPLOYEE		

DISCLOSURE OF CLIENTS REPRESENTED BEFORE AGENCIES [Required by Fla. Stat. § 112,3245(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 active for compensation 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 plants 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 plants 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: "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 agender on behalf of a client, "Representation" DOES NOT include appearances before nw court, or Chief Judges of Compensation Empensation claims, representations on Claims of jud our_official capacity, the preparation behalf of your ing merely for the purpose of and filing of for obtaining or 🙀 on a quota or a franeration permit to chise of su so long as the engage in 4 pi issuance or gran ance, a special consi bublia corvenience and necessity does fot g You are NOT required to disclore ippea 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
See Attached		
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.

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FORM 2 QUARTERLY CLIENT DISCLOSURE – December 31, 2009
Edwin Bruce Strayhorn
The Housing Authority of the City of Fort Myers, FL

Names of Clients	Names of Agencies
Alliance of Casa La Linda Corp	City of Fort Myers Code Enforcement
Alligator Towing & Recovery, Inc.	City of Fort Myers Planning Department City of Fort Myers Purchasing Department City of Fort Myers Stormwater Department
C&C Development	City of Fort Myers Planning Department
Carter-Pritchett Advertising, Inc.	City of Fort Myers Planning Department
Cement Industries, Inc.	City of Fort Myers Engineering Department City of Fort Myers Code Enforcement Department
Downtown Entertainment Proprietors	City of Fort Myers Community Development Department
Hanson, Woodward S.	City of Fort Myers Historic Preservation Commission
iStar Financial	City of Fort Myers Planning Department
Leonard, Sherry	City of Fort Myers Human Resources
Lund, Maureen	City of Fort Myers Human Resources
McCutcheon, Mr. & Mrs. Pat	City of Fort Myers Planning Department
Miller, Jerome	City of Fort Myers Planning Department
New Beginning Ministry of Faith	City of Fort Myers Code Enforcement Department City of Fort Myers Local Business Tax Department
Partners Trust, LLC	City of Fort Myers Code Enforcement City of Fort Myers Planning Department City of Fort Myers Local Business Tax Department
Silver, Stuart	City of Fort Myers Planning Department