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FORM 2 QUARTERLY CLIENT DISCLOSURE				
LAST NAME—FIRST NAME—MIDDLE NAME		NAME OF AGENCY		
Strayhorn, Edwin Bruce MAILING ADDRESS		Housing Authority of the City of Fort Myers		
2125 First Street, Suite 201		☐ ELECTED CONSTITUTIONAL OFFICER	0.1102.11220	
CITY ZIP COUNTY		STATE OFFICER		
Fort Myers 33901	Lee	☑ LOCAL OFFICER		
FOR QUARTER ENDING (Check One) MARCH JUNE SEPTEMBER DECEMBER	YEAR 2021	☐ SPECIFIED STATE EMPLOYEE	POSITION HELD	
[NOTE: Under Art. II, §8(e), Fla. Const., and §112.313(9), Fla representing another person or entity for compensation before State agreepersenting another person or entity for compensation before State agreepersenting another person or entity for compensation before State agreepersenting another person or entity for compensation before State agreepersenting private to list below any such appearances before State which the legislator is a member. Also, public officers and their firms are boards on which they serve. Note also that local government attorneys 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.		 Stat., members of the Legislature are encies (other than judicial tribunals). He te agencies made by any partner or ass e prohibited by §112.313(7), Fla. Stat., 1 	prohibited from personally owever, members of the sociate of a professional firm of from representing clients before 313(16), Fla. Stat., from stual physical attendance on roceeding, letters written or f a client, and personal fficers or employees of any epresentation" DOES NOT court, or Chief Judges of sof compensation claims, our agency in your official gof forms and applications ng or transferring a license such agency, or a license or a profession, business or e or granting of such license, special consideration, or and necessity does not require appearances in ministerial effore whom you represent a manner in obedience to the the exercise of the person's the proprietary of the action ent with a Circuit Court Clerk	
NAME OF CLIENTS	NA	ME OF AGENCIES	CHECK IF REPRESENTED BY YOU	
CHECK IF CONTINUED ON SEPARATE SHEET				
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SIGNATURE: 1/28/2022				
NOTICE: LINDER PROVISIONS OF FLORIDA 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.

<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 – October – December 2021

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
Columnar Holdings, LLC	City of Fort Myers \checkmark
DJ Acquisitions LLC	City of Fort Myers Community Redevelopment Agency
Fort Adventure, LLC	City of Fort Myers
Four Oaks Properties LLC	City of Fort Myers
Picerne Development Corp of Florida	City of Fort Myers
Premier Portables LLC	City of Fort Myers \
Redburn Development Partners, LLC	City of Fort Myers Community Redevelopment Agency
RSW Marine, LLC	City of Fort Myers
Silver Hills Development, Inc.	City of Fort Myers City of Fort Myers Community Redevelopment Agency
SOHO Sight LLC	City of Fort Myers City of Fort Myers Community Redevelopment Agency
Southwest Waste Services	City of Fort Myers \(\square\)
STRE Properties, LLC	City of Fort Myers
Sullivan-Florida Group, Inc.	City of Fort Myers
The MacFarlane Group	City of Fort Myers City of Fort Myers Community Redevelopment Agency
Three Warrior Management LLC	City of Fort Myers
Towles Garden LLC	City of Fort Myers
Vantage	City of Fort Myers
Zimmer Development, Inc.	City of Fort Myers City of Fort Myers Community Redevelopment Agency