



LEE COUNTY
SOUTHWEST FLORIDA

ANNUAL LOBBYIST REGISTRATION

FOR THE PERIOD JULY 1, 2013 THRU JUNE 30, 2014

NAME Stephanie Keyes, AICP PHONE 936 3537
MAILING ADDRESS 2840 Winkler Ave FMY 33916

LIST THE NAME AND BUSINESS ADDRESS OF EACH PRINCIPAL REPRESENTED, THEIR GENERAL AND SPECIFIC AREAS OF LEGISLATIVE INTEREST, AND THE NATURE AND EXTENT OF ANY DIRECT BUSINESS ASSOCIATION OR PARTNERSHIP WITH ANY CURRENT MEMBER OF THE BOARD OF COUNTY COMMISSIONERS, COUNTY STAFF, OR PERSON SITTING ON A DECISION-MAKING BODY UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS WITH THE PRINCIPAL.

(1) NAME REALTOR Association of Greater FMY
ADDRESS 2840 Winkler Ave FMY 33916

AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.
Any & all

(2) NAME _____
ADDRESS _____

AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.

(3) NAME _____
ADDRESS _____

AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.

(4) NAME _____
ADDRESS _____

AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.

(USE ADDITIONAL PAGES IF NECESSARY)

RECEIVED
MINUTES OFFICE
2013 NOV - 7 PM 3: 21

STATE OF FLORIDA

COUNTY OF LEE

I HEREBY CERTIFY that the statements made above are true and accurate. I further certify and acknowledge that I understand that it is my responsibility to file my annual and quarterly statements and that I will not be notified by the Clerk's Office of my failure to do so.

DATED this 25th day of October 2013 Stephanie Keyes
LOBBYIST

NOTE: This document must be witnessed by either the Deputy Clerk or a Notary Public.

WITNESSED:

The foregoing instrument was signed and acknowledged before me
this 25th day of October, 2013

Deputy Clerk

who produced the following as identification _____

or is personally known to me and who did not take an oath. [Stamp or Seal]

January Rae Szaro
[Signature of Notary]
January Rae Szaro
[Typed or Printed Name of Notary]





QUARTERLY LOBBYIST STATEMENT

FOR THE PERIOD 9-30-13 THRU 12-31-13

NAME Stephanie Keyes PHONE 936 3537

MAILING ADDRESS 2840 Winkler Ave Fwy 33916

(1) PRINCIPAL RAGFMB, Inc.

EXPENDITURES MADE ON BEHALF OF PRINCIPAL \$ 0

SOURCE OF FUNDS N/A

PURPOSE AND SUBJECT OF LOBBYING ACTIVITIES Any + all legislative + Gov't Issues

THE INDIVIDUAL (COMMISSION, COUNTY EMPLOYEE, OR PERSON ON A DECISION-MAKING BODY UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS LOBBIED Any + all

(2) PRINCIPAL

EXPENDITURES MADE ON BEHALF OF PRINCIPAL \$

SOURCE OF FUNDS

PURPOSE AND SUBJECT OF LOBBYING ACTIVITIES

THE INDIVIDUAL (COMMISSION, COUNTY EMPLOYEE, OR PERSON ON A DECISION-MAKING BODY UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS LOBBIED

(3) PRINCIPAL

EXPENDITURES MADE ON BEHALF OF PRINCIPAL \$

SOURCE OF FUNDS

PURPOSE AND SUBJECT OF LOBBYING ACTIVITIES

THE INDIVIDUAL (COMMISSION, COUNTY EMPLOYEE, OR PERSON ON A DECISION-MAKING BODY UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS LOBBIED

(USE ADDITIONAL PAGES IF NECESSARY)

STATE OF FLORIDA
COUNTY OF LEE

I HEREBY CERTIFY that the statements made above are true and accurate. I further certify and acknowledge that I understand that it is my responsibility to file my annual and quarterly statements and that I will not be notified by the Clerk's Office of my failure to do so.

DATED this 25th day of October, 2013
WITNESSED:

Deputy Clerk

Stephanie Keyes
Lobbyist

SWORN TO AND SUBSCRIBED Before me this 25th day of October, 2013

My Commission Expires:

Notary Public



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