



ANNUAL LOBBYIST REGISTRATION

FOR THE PERIOD JULY 1, 2019 THRU JUNE 30, 2020

NAME PETER ERIC SIMMONS PHONE 239-822-7745

MAILING ADDRESS 3291 RIVERPAEK, BONITA SPRINGS, FL 34134

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 HERTZ

ADDRESS 8001 HERTZ DR., ESTERO, FL 33928

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

LOCAL PREFERENCE ORDINANCE / LOCAL GOVERNMENTS

(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)

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 7 day of AUGUST, 2019

Peter Simmons
LOBBYIST

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

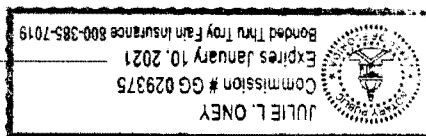
WITNESSED:

The foregoing instrument was signed and acknowledged before me
this 7 day of August, 2019
who produced the following as identification _____

Deputy Clerk

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

Julie Oney
[Signature of Notary]
Julie Oney
[Typed or Printed Name of Notary]



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QUARTERLY LOBBYIST STATEMENT

FOR THE PERIOD 7-1-2019 THRU 9-30-2019

NAME PETER ERIC SIMMONS PHONE 239-822-7745

MAILING ADDRESS 3291 RIVER PARK, BONITA SPRINGS, FL 34134

(1) PRINCIPAL HERTZ

EXPENDITURES MADE ON BEHALF OF PRINCIPAL \$ ZERO

SOURCE OF FUNDS 0

PURPOSE AND SUBJECT OF LOBBYING ACTIVITIES LOCAL GOVERNMENT

THE INDIVIDUAL (COMMISSION, COUNTY EMPLOYEE, OR PERSON ON A DECISION-MAKING BODY UNDER

THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS LOBBIED ROGER DESTALLAIS

(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)

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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 7th day of AUGUST, 2019

Deputy Clerk

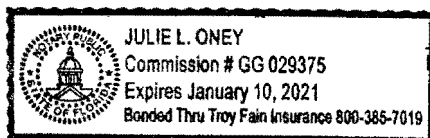
Lobbyist

[Signature of Peter Eric Simmons]

SWORN TO AND SUBSCRIBED Before me this 7th day of August, 2019

My Commission Expires:

1-10-21



Notary Public

[Signature of Julie L. Oney]

LOG OF LOBBYIST CONTACTS PURSUANT TO THE LEE COUNTY LOBBYING ORDINANCE

I hereby certify that the below information is true and accurate to the best of my knowledge.

Signature: *Peter Simmons*

Week Ending: 7-12-19 Quarter Ending: 9-30-19

Typed Name of Individual: PETER SIMMONS

Date Signed: AUGUST 7, 2019

Date	Type of Contact (T or V)*	Name of Lobbyist	Principal Represented by the Lobbyist	Topic of Discussion	Comments (if any)
7-10-19	V	PETER SIMMONS	HERTZ	LOCAL GOV'T	N/A

*T = Telephone Call
V = Personal Visit

Distribution: Original to Clerk of Courts
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