PROCESSED

44007 FORM 2 QUARTERLY CLIENT DISCLOSURE

LAST NAME—FIRST NAME—MIDDLE NAME Rubio Marco	NAME OF AGENCY House of Representatives, State Representative OFFICE HELD
MAILING ADDRESS 6427 SW 8 ST	☑ ELECTED CONSTITUTIONAL OFFICER ☐ STATE OFFICER ☐ LOCAL OFFICER
CITY / ZIP / COUNTY Miami, Fl 33144 Dade	
FOR QUARTER ENDING (Check One) ☐ MARCH ☐ JUNE ☐ SEPTEMBER ☑ DECEMBER YEAR 2002	POSITION HELD ☐ SPECIFIED STATE EMPLOYEE

DISCLOSURE OF CLIENTS REPRESENTED BEFORE AGENCIES *[Required by Fla Stat § 112 3145(4)]*

[NOTE Under Art II §8( ) Fl Const and §112 313(9) Fl Stat members of the Legislature are prohibited from personally representing another person or entity for compensation before state agencies (other than judicial tribunals) However members of the Legislature are required by Joint Rule to file a form substantially similar to this form before lobbying the executive branch or Constitution Revision Commission Also the Florida Constitution requires that constitutional officers not lobby state government for six years after leaving office and the Florida Commission on Ethics has determined that this prohibition includes appearances before boards which the officer serves Finally Section 112 313(16) Fla Stat forbids employees of the executive branch of state government to lobby their own agencies]

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 agency on behalf of a client Representation DOES NOT include appearances before any court or Chief Judges of Compensation Claims or judges of compensation claims representations on behalf of your agency in your official capacity the preparation and filing of forms and applications merely for the purpose of obtaining or transferring a license based on a quota or a franchise of such agency or a license or operation permit to engage in a profession business or occupation so long as the issuance or granting of such license permit or transfer a variance a special consideration or a certificate of public convenience and necessity does not require substantial discretion You are NOT required to disclose appearances in ministerial 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
AT&T	Legislature	
City of Lauderdale Lakes		
City of Opa Locka		
City of Pompano Beach		
☑ 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

Local officers 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

State officers, elected constitutional officers, or specified state employees 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**

Florida Insurance Forum
Florida Memorial College
Golden Rule Insurance Company
Health Choice Network
Miami Dade County
M M A P
National Bar Association – Florida Chapter
SEIU 1199 Florida
Town of Southwest Ranches