



# MIAMI-DADE COUNTY 2010 ANNUAL LOBBYIST REGISTRATION

Section 2-11.1(s) - Code of Miami-Dade County, Florida

Please Type or Print in Ink

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Mr/Ms Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Mi. \_\_\_\_\_

Business/Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Note:** It is the responsibility of the lobbyist to notify the Clerk of the Board of County Commissioners of any changes in address.

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Please indicate if you are representing a  Not-for-Profit Agency or  if you are the principal of, and are only appearing as a representative of one of the following groups without special compensation or reimbursement for the appearance, whether direct, indirect or contingent, pursuant to Section 2-11.1 (s) 3(b) and 4 of the Code of Miami-Dade County (Please check applicable group):  
 Certified Level 1 C.S.B.E  Certified Micro Enterprise  Certified Tier I Community Business Enterprise  
 Corporation, Partnership or other Entity

## OATH

I do solemnly swear that all facts contained on this Annual Lobbyist Registration form are true and correct; and that I have read and am familiar with the provisions contained in Section 2-11.1(s) of the Code of Miami-Dade County.

\_\_\_\_\_  
Signature of Lobbyist

State of \_\_\_\_\_, County of \_\_\_\_\_  
Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. By \_\_\_\_\_  
who is personally known \_\_\_\_\_ or produced identification \_\_\_\_\_.  
Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_ at Large  
My commission expires:  
  
(Notary Seal)

\_\_\_\_\_  
Deputy Clerk

**PLEASE NOTE:**  
**ON OR BEFORE JULY 1<sup>ST</sup> OF EACH YEAR, EVERY LOBBYIST MUST FILE AN EXPENDITURE STATEMENT WITH THE CLERK OF THE BOARD OF COUNTY COMMISSIONERS FOR THE PRECEDING CALENDAR YEAR, REGARDLESS OF THE LEVEL OF ACTIVITY OF THE LOBBYIST, AND WHETHER OR NOT THE LOBBYIST HAS INCURRED ANY EXPENSES DURING THE REPORTING PERIOD.**

**For Office Use Only:**  
Annual Registration Fee: **\$490.00 effective through 12/31/2010** Fee Paid: [ ] Yes [ ] No [ ] Cash [ ] Check # \_\_\_\_\_ [ ] Visa [ ] Master Card  
Data Entry Date \_\_\_\_\_, 20\_\_\_\_. Entered By \_\_\_\_\_  
(Form Revision Date: 7/30/2010)

