



OFFICE OF THE CITY CLERK  
2300 Civic Center Place \* Miramar, Florida 33025  
Tel: 954-602-3011 Fax: 954-602-3440  
<http://www.ci.miramar.fl.us>

## LOBBYIST REGISTRATION FORM

Any person, firm or corporation required to register as a lobbyist shall register on this form and state under oath the lobbyist's name, business address, the name and business address of each principal and/or client represented on city matters, any previous principal and/or client represented who has, at the time of registration, any pending matters involving the city, and the general and specific areas of lobbyist interest in any city matter. Registration is required for each principal represented.

State of Florida

County of Broward

Before me, the undersigned authority, personally appeared

\_\_\_\_\_  
who, being duly sworn on oath, deposes and says:

### **Section 1**

A. The lobbyist has been furnished a copy of Ordinance No. 92-40 of the City of Miramar, Florida.

B. Lobbyist Information

Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### **Section 2** – Principal/Client Information

Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

\*If there is more than one such principal/client and additional space is needed to complete this section, please attach a schedule setting forth the needed information.

**Section 3 – Previous Principal/Client Information**

Please provide the following information concerning any previous principal/client represented who has, at the time of registration, any pending matters involving the City of Miramar.

Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

\*If there is more than one previous principal/client and additional space is needed to complete this section, please attach a schedule setting forth the needed information.

**Section 4 – Lobbyist Interests**

My general area(s) of lobbyist interest in any City of Miramar matter is (are) as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My specific area(s) of lobbyist interest in any City of Miramar matter for the principal(s)/client(s) previous listed is (are) as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* If more space is needed to complete this section, please attach a schedule setting forth the needed information.

Commencing January 1, 1993, and annually thereafter, every registered lobbyist shall file an Affidavit of Financial Disclosure Form with the Office of the City Clerk and pay a fee of \$100.00 made payable to the City of Miramar.

Any person engaged in lobbying activities shall be subject to investigation by the City Attorney at the request of the City Commission for violations of the lobbyist registration Ordinance No. 92-40. Violations may result in censure and/or loss of lobbying privileges for up to two (2) years by Commission action.

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



# AFFIDAVIT OF FINANCIAL DISCLOSURE

## For Calendar Year Ending December 31<sup>st</sup>

Lobbyist Name: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Business Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Identify specific areas of lobbyist interest on behalf of client (such as project name, nature of petition to City Commission, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following reflects all amounts expended in connection with lobbying activities for the above-named client during the calendar year ending December 31<sup>st</sup>.

NAME OF RECIPIENT	TOTAL \$ VALUE OF EACH GIFT	DESCRIPTION OF INDIVIDUAL GIFTS	DATE OF GIFT

Lobbyist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,

by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Print Name

Personally known to me \_\_\_\_\_, OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_