



**TOWN OF CUTLER BAY
LOBBYIST EXPENDITURE REPORT FORM**

Office of the Town Clerk, 10720 Caribbean Blvd., Suite 105, Cutler Bay FL 33189
Telephone (305) 234-4262 Fax (305) 234-4251

Calendar Year: _____

- NOTE:**
- All lobbyist and Principal (Client) Registrations automatically expire on December 31st of each year.
 - Each person who withdraws as a lobbyist must file a "Notice of Withdrawal" with the Town Clerk.
 - On or before July 1st of each year, every lobbyist must file an expenditure statement with the Town Clerk for the preceding calendar year, regardless of the level of activity of the lobbyist, but only if the lobbyist has incurred expenses during the reporting period.
 - Lobbyist contact reports shall be filed with the Town Clerk prior to the Public Hearing.
 - All Lobbyist Expenditure Reports and Notices of Withdrawal shall be submitted to the Town Clerk.
 - Violation may be punishable by a fine of \$250.00 in addition to other remedies allowed by law.

I. LOBBYIST INFORMATION

Last Name	First Name	Middle Initial	
Business Name			
Business Address	City	State	Zip Code
Phone Number	Fax Number	E-Mail Address	

II. EXPENDITURES

Expenditures include, but are not limited to meals, entertainment, research, communications, media/advertising, publications, travel, lodging, special event, gifts for public officers and employees, and more for the proceeding calendar year. (Attach additional sheet, if necessary)

Item	Amount	Name and Address of Person of Whom Expenditure Was Made	Nature of Kind of Expenditure For or on Behalf of Lobbyist
1.			
2.			
3.			
4.			

III. LOBBYIST OATH

"I, the undersigned registrant, do hereby depose under oath and say that the information disclosed herein and on any attachment hereto is true and correct."

Signature of Lobbyist	Print Name
State of Florida, County of _____	
Sworn to and subscribed before me this _____	_____
day of _____, 20____.	Notary Public
____ Personally Known or ____ Produced ID	
Type of ID Produced: _____	[SEAL]



TOWN OF CUTLER BAY LOBBYIST REGISTRATION FORM

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I. LOBBYIST INFORMATION

Last Name	First Name	Middle Initial	

Business Name			

Business Address	City	State	Zip Code

Phone Number	Fax Number	E-Mail Address	

II. PRINCIPAL INFORMATION

Name, address and phone number of principal (i.e., person, business, entity, governmental entity, religious organization, non-profit corporation, or association whose interest you represent or by whom you are employed.)

Name

Mailing Address City State Zip Code

Phone Number Fax Number

Long Term Short Term Under Contract One Time Only

(Other principal or interests holding directly or indirectly a five percent (5%) or more ownership interest (Attach additional sheet, if necessary): _____

III. LEGISLATIVE ISSUE INFORMATION

Brief description of issue and specify department, council or other committee in which you will lobby (Attach additional sheet, if necessary):

THE TOWN CLERK SHALL REJECT ANY STATEMENT WHICH DOES NOT DETAIL THE ISSUE ON WHICH THE LOBBYIST HAS BEEN EMPLOYED.



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IV. PERSONAL AFFILIATIONS

Lobbyist identified under Sec. 2-11.1(s) of the Miami-Dade County Code, as amended and Sec. 7.6 of the Town Charter, shall state the extent of any business or professional relationship with any member of the Town Council (please state below).

Have you been employed by the Town of Cutler Bay in the last two (2) years?

- Yes No

If Yes, state the department in which you were employed: _____

Pursuant to Sec. 7.6(a) (3) of the Town Charter, any person who registers as a lobbyist shall disclose in writing all Town government officials directly contacted by the lobbyist before the public hearing and any expenditures involved annually by July 1st.

V. OATH

I, THE UNDERSIGNED REGISTRANT, DO HEREBY DEPOSE UNDER OATH AND SAY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT AND I HAVE READ AND AM FAMILIAR WITH PROVISIONS IN THE MIAMI-DADE COUNTY CONFLICT OF INTEREST AND CODE OF ETHICS ORDINANCE AS AMENDED AND THE TOWN OF CUTLER BAY LOBBYIST ORDINANCE, INCLUDING WITHDRAWAL AND REPORTING REQUIREMENTS.

Lobbyist Signature

Printed Name

State of **Florida**
County of **Miami-Dade**

Sworn and subscribed before me on this _____ day of _____, 20____

_____ Personally Known or _____ Produced ID _____ Notary Public

Type of ID Produced: _____ [SEAL]

VI. FEES

Annual Registration Fee: \$250.00 **per Lobbyist, per Issue**

Registration Fee Paid

- Check Credit Card (In-Person Only) Not-For-Profit



TOWN OF CUTLER BAY LOBBYIST WITHDRAWAL FORM

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Business Name			
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Phone Number	Fax Number	E-Mail Address	

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Name, address and phone number of principal (i.e., person, business, entity, governmental entity, religious organization, non-profit corporation, or association whose interest you represent or by whom you are employed.)

Name			
Mailing Address	City	State	Zip Code
Phone Number	Fax Number		

III. WITHDRAWAL

Date Representation Ended: _____	
Subject Matter:	

Lobbyist Signature	Date



**TOWN OF CUTLER BAY
PRINCIPAL CLIENT DISCLOSURE FORM**

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Business Name			

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II. PRINCIPAL INFORMATION

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Name

Mailing Address

City

State

Zip Code

Phone Number

Fax Number

Long Term Short Term Under Contract One Time Only

Other principal or interests holding directly or indirectly a five percent (5%) or more ownership interest (Attach additional sheet, if necessary): _____

Subject Matter (**Must be specific and describe in full detail**): _____

Identify each individual (Mayor, Commissioner, Board, Committees, or Town Staff) to be lobbied:



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PRINCIPAL CLIENT DISCLOSURE FORM**

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III. PRINCIPAL DECLARATION

In accordance with Miami-Dade County Code Section 2-11.1(s)(2)(c),
I, _____, hereby declare that _____
Name of Principal Name of Lobbyist
is authorized to represent me regarding subject matter as listed in Section II of this form, and
will at the time at which a lobbyist is no longer authorized to represent me, notify the Town of
Cutler Bay Town Clerk in writing immediately.

Signature of Principal

IV. OATH

LOBBYIST:

**I, THE UNDERSIGNED REGISTRANT, DO HEREBY DEPOSE UNDER OATH AND SAY
THAT THE INFORMATION HEREIN AND ON ANY ATTACHMENT HERETO IS TRUE
AND CORRECT.**

Lobbyist Signature

Printed Name

State of **Florida**

County of **Miami-Dade**

Sworn and subscribed before me on this ____ day of _____, 20__

____ Personally Known or ____ Produced ID _____

Type of ID Produced: _____

Notary Public
[SEAL]

PRINCIPAL:

**I, THE UNDERSIGNED REGISTRANT, DO HEREBY DEPOSE UNDER OATH AND SAY
THAT THE INFORMATION HEREIN AND ON ANY ATTACHMENT HERETO IS TRUE
AND CORRECT.**

Principal Signature

Printed Name

State of **Florida**

County of **Miami-Dade**

Sworn and subscribed before me on this ____ day of _____, 20__

____ Personally Known or ____ Produced ID _____

Type of ID Produced: _____

Notary Public
[SEAL]