



**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 31<sup>st</sup> 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 _____	Notary Public
day of _____, 20____.	
_____ 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 1<sup>st</sup>.*

**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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### 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

\_\_\_\_\_

### III. WITHDRAWAL

Date Representation Ended: \_\_\_\_\_

Subject Matter:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lobbyist Signature                      Date

\_\_\_\_\_



## TOWN OF CUTLER BAY PRINCIPAL CLIENT DISCLOSURE FORM

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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		
<input type="checkbox"/> Long Term	<input type="checkbox"/> Short Term	<input type="checkbox"/> Under Contract	<input type="checkbox"/> 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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**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]