



**TOWN OF CUTLER BAY  
LOBBYIST REGISTRATION 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. 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).

Three horizontal lines for text entry.

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 by means of [ ] physical presence or [ ] online notarization this day of , 20, by who [ ] is personally known or [ ] produced ID

Type of ID Produced:

Notary Public
[SEAL]

VI. FEES

Annual Registration Fee: \$400.00 per Lobbyist, per Issue

Registration Fee Paid

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



TOWN OF CUTLER BAY
PRINCIPAL CLIENT DISCLOSURE FORM

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Violation may be punishable by a fine of \$250.00 in addition to other remedies allowed by law.

I. LOBBYIST INFORMATION

Form with fields: Last Name, First Name, Middle Initial, Business Name, Business Address, City, State, Zip Code, Phone Number, Fax Number, E-Mail Address.

II. PRINCIPAL INFORMATION

Form with fields: 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, Subject Matter, Identify each individual (Mayor, Commissioner, Board, Committees, or Town Staff) to be lobbied.



TOWN OF CUTLER BAY
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 by means of [ ] physical presence or [ ] online notarization this
day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who [ ] is 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 by means of [ ] physical presence or [ ] online notarization this
day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who [ ] is personally known
or [ ] produced ID
Type of ID Produced: \_\_\_\_\_
Notary Public
[SEAL]



**TOWN OF CUTLER BAY  
LOBBYIST EXPENDITURE REPORT 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. 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 by means of  physical presence  
or  online notarization this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_  
\_\_\_\_\_ who is  personally known or  produced ID

\_\_\_\_\_  
Notary Public  
[SEAL]

Type of ID Produced: \_\_\_\_\_

