



QUARTERLY LOBBYIST STATEMENT

FOR THE PERIOD _____ THRU _____

NAME _____ PHONE _____

MAILING ADDRESS _____

(1) PRINCIPAL _____

EXPENDITURES MADE ON BEHALF OF PRINCIPAL \$ _____

SOURCE OF FUNDS _____

PURPOSE AND SUBJECT OF LOBBYING ACTIVITIES _____

THE INDIVIDUAL (COMMISSION, COUNTY EMPLOYEE, OR PERSON ON A DECISION-MAKING BODY UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS LOBBIED _____

(2) PRINCIPAL _____

EXPENDITURES MADE ON BEHALF OF PRINCIPAL \$ _____

SOURCE OF FUNDS _____

PURPOSE AND SUBJECT OF LOBBYING ACTIVITIES _____

THE INDIVIDUAL (COMMISSION, COUNTY EMPLOYEE, OR PERSON ON A DECISION-MAKING BODY UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS LOBBIED _____

(3) PRINCIPAL _____

EXPENDITURES MADE ON BEHALF OF PRINCIPAL \$ _____

SOURCE OF FUNDS _____

PURPOSE AND SUBJECT OF LOBBYING ACTIVITIES _____

THE INDIVIDUAL (COMMISSION, COUNTY EMPLOYEE, OR PERSON ON A DECISION-MAKING BODY UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS LOBBIED _____

(USE ADDITIONAL PAGES IF NECESSARY)

STATE OF FLORIDA

COUNTY OF LEE

I HEREBY CERTIFY that the statements made above are true and accurate. I further certify and acknowledge that I understand that it is my responsibility to file my annual and quarterly statements and that I will not be notified by the Clerk's Office of my failure to do so.

DATED this _____ day of _____, _____
WITNESSED:

Deputy Clerk

Lobbyist

SWORN TO AND SUBSCRIBED Before me this _____ day of _____, _____

My Commission Expires:

Notary Public