

LOBBYIST REGISTRATION

Labla dat Fall Mana				
Lobbyist Full Name:				
Lobbyist Address:				
City:				
Name of lobbyist Employer/ Business:				
Business Address:				
City:	State:	Zip:	Phone No.:	
Email Address:		siness:		
Is there direct business association by the lob If Yes, explain:				
The general and specific subject matters which	ch the Lobbyist seeks to influ	ience.		
2. PERSON(S)/ENTITY YOU ARE REPRES	SENTING			
NAME	ADDRESS	CITY, STATE		PHONE
1.				
2				
3				()
Are you lobbying without any compense	ation, on behalf of a nonpr	ofit entity, Yes or	No	
Copy of the applicable minutes, motion registration statements.If you are lobbying without any compensith those uncompensated lobbying actions.	nsation, on behalf of a non tivities.			
 Copy of the applicable minutes, motion registration statements. If you are lobbying without any compet with those uncompensated lobbying act The Annual Fee for lobbying is \$100 pe MY CERTIFICATION I hereby certify that all information given happlication may subject me to criminal proinformation stated above, that I will notify 	nsation, on behalf of a non tivities. er representing company. therein is true and accurate osecution. I understand tha the City of Weston of sucl	profit entity, is not required. I understand that provide tif there are any subsequence.	ed to pay a registrati	ng information on this
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Lobbyist Registration for Calendar Year

17200 Royal Palm Boulevard Weston, FL 33326