

LOBBYIST STATEMENT

ANNUAL STATEMENT OF EXPENDITURES AND CONTINGENCY FEE

AUTHORITY: BROWARD COUNTY CODE OF ORDINANCE SECTION 1-262

NAME: _____
(LOBBYIST) (Please PRINT - Last name, first name, M.I.)

COMPANY: _____

MAILING ADDRESS: _____

TELEPHONE: _____

For the Period from July 1, 2009 through June 30, 2010.

This form shall be filed by 5:00 p.m., July 15, 2010. Forms not postmarked by Midnight, July 15, 2010 may be subject to a fine of \$50.00 for each late day.

Lobbying expenditures shall not include personal expenses for lodging, meals and travel.

Statement shall be filed even if there have been no expenditures during a reported period. (NOTE: Use additional pages if necessary.)

EXPENDITURES

Purpose of Expenditure	Source of Funds	Amount

CONTINGENCY FEE

Purpose of Contingency Fee	Source of Contingency Fee	Amount

I do solemnly swear or affirm that all the foregoing facts are true and correct and that I have read Broward County Ordinance Section 1-262, and that I am aware of the requirement for periodic filing and submission of other statements.

Signature

STATE OF FLORIDA
COUNTY OF _____

Sworn and subscribed to before me this _____ day of _____ 20 ____.

Notary or Deputy Secretary/Clerk