



# TOWN OF SURFSIDE LOBBYIST REGISTRATION FORM

Office of the Town Clerk, 9293 Harding Avenue, Surfside, FL 33154  
Telephone (305) 861-4863 Fax 305 861-1302

Calendar Year: \_\_\_\_\_

\_\_\_\_\_  
*Town Clerk's Date Stamp*

- NOTE:**
- All Lobbyist and Principal (Client) Registrations automatically expire on December 31<sup>st</sup> of each year.
  - A separate Principal (Client) registration is required for each principal (client).
  - Each person who withdraws as a lobbyist must file a "Notice of Withdrawal" with the Town Clerk.
  - Lobbyist Expenditure Reports must be filed with the Town Clerk Clerk by January 15<sup>th</sup> of each year.
  - Lobbyist Expenditure Reports must be filed even if you have no expenditures for the calendar year.
  - All lobbyist & principal registration forms, reports, & notices of withdrawal shall be submitted to the Town Clerk.

## I. Lobbyist Information

Last Name	First Name	Middle Initial	
Business/Firm Name			
Business Address	City	State	Zip
( _____ ) Phone	_____ Fax	( _____ ) E-Mail	

## II. Lobbyist Oath

"I do solemnly swear that all facts contained on this Lobbyist Registration Form are true and correct and that I have read and am familiar with the provisions of Town of Surfside Code Section \_\_\_\_\_, including registration, reporting, fee disclosure, and withdrawal requirements contained therein."

State of Florida, County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_

day of \_\_\_\_\_, 201\_\_\_\_\_.

\_\_\_\_\_ Personally known or \_\_\_\_\_ Produced ID

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

\_\_\_\_\_  
Signature of Lobbyist

\_\_\_\_\_  
Notary Public in and for the State of Florida at Large

\_\_\_\_\_  
Notary Seal:

Pursuant to Section \_\_\_\_\_ of the Town of Surfside Municipal Code, have you been employed by the Town within the last two years?

Yes    No    If yes, state position held. \_\_\_\_\_

Pursuant to Section \_\_\_\_\_ of the Town of Surfside Municipal Code, any person who registers as a lobbyist shall state the extent of any business or professional relationship with any member of the Town Commission. \_\_\_\_\_

**I have enclosed my \$250.00 Annual Registration Fee.**

**For Office Use Only:** Fee: **\$250.00 effective through 12/31/** \_\_\_\_\_

Check # \_\_\_\_\_

Accepted    Rejected    If rejected, state reason \_\_\_\_\_

Date Logged: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Initials: \_\_\_\_\_



**TOWN OF SURFSIDE  
PRINCIPAL (CLIENT) REGISTRATION AND FEE  
DISCLOSURE FORM**

Office of the Town Clerk, 9293 Harding Avenue, Surfside, FL 33154  
Telephone (305) 861-4863 Fax (305) 861-1302

Calendar Year: \_\_\_\_\_

\_\_\_\_\_  
*Town Clerk's Date Stamp*

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  - Lobbyist Expenditure Reports must be filed even if you have no expenditures for the calendar year.
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**I. Lobbyist Information**

Last Name	First Name	Middle Initial	
Business/Firm Name			
Business Address	City	State	Zip
( )	( )		
Phone	Fax	E-Mail	

**II. Principal Information**

\$100 Fee Due:      No Fee Due: *Duplicate Clients of* \_\_\_\_\_.

Last Name	First Name	Middle Initial	
Business/Firm Name			
Business Address	City	State	Zip
( )	( )		
Phone	Fax	E-Mail	
<p><b>Other Principals or Interests holding directly or indirectly a 5% or more ownership interest (pursuant to Section ____ of the Town of Surfside Municipal Code).</b></p> <p>_____</p> <p>_____</p>			
<p><b>Subject Matter (Must be specific &amp; describe in detail!):</b> _____</p> <p>_____</p> <p>_____</p>			
<p><b>Identify each individual (Mayor, Commissioner, Board, Committee, or City staff) to be lobbied:</b> _____</p> <p>_____</p>			

**TOWN OF SURFSIDE**  
**PRINCIPAL (CLIENT) REGISTRATION AND FEE DISCLOSURE FORM**

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**III. Fee Disclosure** Check one.

Town of Surfside Municipal Code Section \_\_\_\_\_ requires the disclosure of terms and amount of compensation (to be) paid by each principal to the lobbyist with regard to the specific issue on which the lobbyist has been engaged to lobby.

Attached is a copy of the fee letter, indicating any bonuses, success fees, or other considerations to be received for said lobbying activity.

Or

The terms and amount of compensation (to be paid) to lobbyist with regard to the specific issue on which the lobbyist has been engaged is as follows:

Terms: \_\_\_\_\_

Conditions: \_\_\_\_\_

Other: \_\_\_\_\_

Note: Violation of this ordinance or any false statements made on this disclosure statement may render decisions on issues being lobbied voidable.

**IV. Oaths**

**Lobbyist:**

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.

State of Florida, County of \_\_\_\_\_  
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_  
\_\_\_\_\_ Personally known or \_\_\_\_\_ Produced ID  
Type of ID Produced: \_\_\_\_\_

\_\_\_\_\_  
Signature of Lobbyist

\_\_\_\_\_  
Notary Public in and for the State of Florida at Large  
Notary Seal:

**Principal:**

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.

State of Florida, County of \_\_\_\_\_  
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_  
\_\_\_\_\_ Personally known or \_\_\_\_\_ Produced ID  
Type of ID Produced: \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Notary Public in and for the State of Florida at Large  
Notary Seal:

**For Office Use Only:** \$100 Fee Due: Check # \_\_\_\_\_ No Fee Due: Duplicate Clients of \_\_\_\_\_  
Accepted \_\_\_\_\_ Rejected \_\_\_\_\_ If rejected, state reason \_\_\_\_\_  
Date Logged: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Initials: \_\_\_\_\_



**TOWN OF SURFSIDE  
LOBBYIST WITHDRAWAL FORM**

Office of the Town Clerk, 9293 Harding Avenue, Surfside, FL 33154  
Telephone (305) 861-4863 Fax (305) 861-1302

Calendar Year: \_\_\_\_\_

\_\_\_\_\_ *Town Clerk's Date Stamp*

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Last Name	First Name	Middle Initial
Business/Firm Name		
Business Address	City	State      Zip
(_____)_____	(_____)_____	_____
Phone	Fax	E-Mail

**II. Principal Information**

Last Name	First Name	Middle Initial
Business/Firm Name		
Business Address	City	State      Zip
(_____)_____	(_____)_____	_____
Phone	Fax	E-Mail

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

Subject Matter: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Signature of Lobbyist**

**For Office Use Only:**      Date Logged: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      Initials: \_\_\_\_\_