

**CITY OF FORT LAUDERDALE**  
**LOBBYIST EXPENDITURE REPORT**

*PLEASE PRINT OR TYPE*

PERIOD COVERED from   October 1,                    to:                   September 30,

NAME OF LOBBYIST: \_\_\_\_\_

NAME OF PRINCIPAL: \_\_\_\_\_

Date	Name of Person Lobbied	Dollar Amount	Description of Expenditure	Source of Funds for Expenditure


***Discontinuance of lobbying during a year shall not relieve the lobbyist from the requirement to file this report.***

State of Florida, County of Broward (If other, please specify \_\_\_\_\_)

BEFORE ME, the undersigned authority, a notary public in and for the State and County aforesaid, this day personally appeared \_\_\_\_\_ (Name of Lobbyist) who being first duly sworn, on oath, certifies that he/she has read, or has heard read to them, the information contained in this report, and further certifies the information as being true and correct.

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

Sworn to & subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
NOTARY PUBLIC SEAL OF OFFICE

\_\_\_\_\_  
Signature of Notary, State of Florida

\_\_\_\_\_  
Commission Number

\_\_\_\_\_  
Name of Notary Public (Print/Stamp/Type)

Personally known to me or produced identification:

\_\_\_\_\_  
(Print type of identification produced)

DID [ ] take an oath or DID NOT [ ] take an oath

*Please attach additional pages if necessary*

*Revised 10/11/04*