



ORANGE COUNTY LOBBYIST REGISTRATION

To register as a lobbyist, you must complete this form. Please include a check in the amount of \$10.00 made payable to the Orange County Board of County Commissioners, which constitutes the registration fee. If the "lobbyist" is a corporation or partnership, a separate form must be completed and a \$10.00 check must be remitted for each individual employee in the firm who will engage in lobbying. Please return the completed form and the \$10.00 check to the attention of Kim Cundiff, Orange County Attorney's Office, P.O. Box 1393, Orlando, Florida 32802-1393.

Please type or print legibly.

PART I. LOBBYIST'S INFORMATION

Name of Lobbyist:

Firm Name (if applicable): _____

Individual Lobbyist: _____

Business Address (Street/P.O. Box, City and Zip Code) _____

Business Phone () _____ Fax () _____

Is there any business, professional, or family relationship between you or any of your employees and any of the following county officials and employees?

- the county chairman
- any county commissioner
- any employee on the county chairman's staff
- any staff member to a county commissioner
- the county administrator
- the county attorney
- any deputy or assistant county administrator
- any county department director
- any county division manager

Yes [] No []

If yes, state with whom and explain the relationship: _____

PART II. PRINCIPAL'S INFORMATION (i.e., information regarding your client or customer)

1. *Principal's Name _____

2. Occupation or Business of Principal _____

3. Business Address (Street/P.O. Box, City, Zip Code) _____

4. Principal's specific area(s) of governmental interest _____

5. Is the Principal a corporation or association? Yes [] No []

If yes, please name the chief executive officer: _____

6. Is the Principal a general partnership or joint venture? Yes [] No []

If yes, please list the names of all partners (if additional space is needed, please continue below): _____

7. Is the Principal a limited partnership? Yes [] No []

If yes, please list the names of all the general partners and managing partners (if additional space is needed, please continue below): _____

8. Is the Principal a trust? Yes [] No []

If yes, please list the names of all trustees and beneficiaries of the trust (if additional space is needed, please continue below): _____

9. Is the Principal a partnership, joint venture, corporation, association, trust or nongovernmental entity other than a natural person? Yes [] No []

If yes, please list the names of all natural persons holding, directly or indirectly, 5% or more of the ownership of the entity (if additional space is needed, please continue below): _____

**** You must also register, on the supplemental registration form (a copy of which is attached), for each additional principal (i.e., client or customer) for whom or for which you will lobby.***

Please sign and date this form to indicate the information above is accurate to the best of your knowledge.

Signature _____

Print Name _____ Date _____