## **LOBBYIST STATEMENT**

## ANNUAL STATEMENT OF EXPENDITURES AND CONTINGENCY FEES

**AUTHORITY: BROWARD COUNTY CODE OF ORDINANCE SECTION 1-262** 

NAME:	-				
	(LOBBYIST)	(Please PRINT - Last nam	e, first name, M.I.)		
COMPANY:					
MAILING ADDRESS:					
TELEPHONE:					
	For th	ne Period from July 1, 2023 throu	ıgh June 30, 2024		
This form shall fine of \$50.00 fo		July 15, 2024. Forms not postma	arked by midnight on July 1	.5, 2024 may be subject to a	
Lobbying expen	ditures shall not inclu	ıde personal expenses for lodging	g, meals and travel.		
Statement shall necessary)	be filed even if there	have been no expenditures durin	g a reported period. (NOT)	E: Use additional pages if	
		EXPENDITUR	<u>ES</u>		
Purpose of Expenditure		Amount	Source	Source of Funds	
		CONTINGENCY	<u>FEES</u>		
Purpose of Co	ntingency	Amount	Source	of Funds	
		the foregoing facts are true and the requirement for periodic fili			
	G.				
	Signature				