



ORANGE COUNTY LOBBYIST REGISTRATION

To register as a lobbyist, you must complete and return this form. Please include a check or money order, in the amount of \$10.00, made payable to the Orange County Board of County Commissioners, which constitutes the registration fee. A separate form must be submitted, along with the associated \$10.00 registration fee, **for each individual lobbyist**. Please do not submit more than one \$10.00 for each lobbyist. Completed forms and the associated \$10.00 fee (via check or money order) shall be forwarded to the attention of Maria K. Vargas, Paralegal, Orange County Attorney's Office, P.O. Box 1393, Orlando, Florida 32802-1393. The contents of this form, including any e-mail address provided, is a public record.

Please type or print legibly.

Part I. LOBBYIST'S INFORMATION			
Name of Lobbyist :			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> _____	Last Name	First Name	MI
E- mail address:		Registration Type:	
		<input type="checkbox"/> New Lobbyist <input type="checkbox"/> Re-registration	
Firm Name (if applicable):			
Street Address:		City	State
		Zip	
Mailing Address if different from above:		City	State
		Zip	
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/or employees?			
Yes	No	Position	Name person(s) & explain relationship
<input type="checkbox"/>	<input type="checkbox"/>	the county mayor	
<input type="checkbox"/>	<input type="checkbox"/>	any county commissioner	
<input type="checkbox"/>	<input type="checkbox"/>	any employee on the county mayor's staff	
<input type="checkbox"/>	<input type="checkbox"/>	any staff member to a county commissioner	
<input type="checkbox"/>	<input type="checkbox"/>	the county administrator	
<input type="checkbox"/>	<input type="checkbox"/>	the county attorney, deputy county attorney, or assistant county attorney	
<input type="checkbox"/>	<input type="checkbox"/>	any deputy or assistant county administrator	
<input type="checkbox"/>	<input type="checkbox"/>	any county department director	
<input type="checkbox"/>	<input type="checkbox"/>	any county division manager	

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

*Principal's Name

Occupation or Business of Principal

Street Address: City State Zip

Mailing Address if different from above: City State Zip

Principal's specific area(s) of governmental interest

Check the box that correctly identifies this Principal:

Corporation - Name the chief executive officer: _____

Limited Liability Corporation - Name the chief executive officer: _____

Association - Name the chief executive officer: _____

General Partnership - List the names of all partners: _____

Joint Venture - List the names of all partners: _____

Limited Partnership - List the names of all partners (general and managing): _____

Trust - List the names of all trustees and beneficiaries of the trust: _____

Other entity-Please specify _____ - Provide the name[s] of all natural persons holding, directly or indirectly, 5% or more of the ownership: _____

** 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.*

The information contained herein is accurate to the best of my knowledge.

Date

Lobbyist signature

Print name of lobbyist