



# CITY OF MIAMI

## LOBBYIST ANNUAL EXPENDITURES REPORT OF LOBBYING EXPENDITURES AND SOURCE OF FUNDS

NOTE: **\*\*\*Report must be completed, notarized, and submitted with the Office of the City Clerk no later than January 15, 2025.\*\*\*** If the space provided is insufficient, additional pages may be attached. **PLEASE NOTE THAT THIS REPORT MUST BE SUBMITTED EVEN IF YOU DID NOT INCUR ANY LOBBYING EXPENDITURES AS DEFINED IN MIAMI CITY CODE SECTION 2-655.** This report covers the calendar year beginning on January 1, 2024 through December 31, 2024.

Before me, the undersigned authority, personally appeared \_\_\_\_\_  
(Print name of lobbyist)  
 who, by first being duly sworn under oath, deposes and states that the attached information disclosed herein and otherwise appearing in any other attachments hereto is true and correct:

**CHECK BOX IF YOU HAVE NO LOBBYING EXPENDITURES TO REPORT. BY CHECKING THIS BOX, YOU ARE STATING THAT SECTION I AND SECTION II OF THIS FORM ARE NOT APPLICABLE. PLEASE PROCEED TO SECTION III OF THIS FORM.**

### Section I. Lobbying Expenditures Report

Lobbying expenditures shall include, but not be limited to meals, entertainment, travel, lodging and gifts for public officers and employees for the preceding calendar year.

Item #	Amount	Name and Address of Person on Behalf of Whom Expenditure was Made	Nature or Kind of Expenditure for or on Behalf of Lobbyist
1.			
2.			
3.			

**Section II. Source of Funds**

This portion of the lobbyist form shall contain the sources from which funds for the lobbying expenditures listed hereinabove have come.

<b>Item #</b>	<b>Amount</b>	<b>Name and Address of Person, Firm, and/or Organization Making Funds Available</b>
1.		
2.		
3.		

**Section III. Signature of Lobbyist and Notarization of Document**

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

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of [ ] physical presence or [ ] online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_.  
(Month) (Year) (Name of person making statement)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Name of Notary Typed, Printed or Stamped

(NOTARY SEAL)

Personally Known: \_\_\_\_\_ OR Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_