



**CITY OF
TALLAHASSEE**

ADD LOBBYIST(S)

NAME OF LOBBYIST FIRM _____ **DATE** _____

ADD LOBBYIST(S):

- 1. FIRST NAME _____ MI _____ LAST NAME _____
- 2. FIRST NAME _____ MI _____ LAST NAME _____
- 3. FIRST NAME _____ MI _____ LAST NAME _____
- 4. FIRST NAME _____ MI _____ LAST NAME _____
- 5. FIRST NAME _____ MI _____ LAST NAME _____

OATH

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature

Printed Name

Title

Date

For Official Use Only

CITY OF TALLAHASSEE OFFICE OF THE TREASURER-CLERK ATTENTION: LOBBYIST REGISTRATION 300 S. ADAMS STREET TALLAHASSEE, FLORIDA 32301	Registration No. _____
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