



**LOBBYIST REGISTRATION STATEMENT  
Covering the period of October 1, 2023 - September 30, 2024**

**Lobbyist Information:** (Please print or type)

Name (Last, First, M.I.): \_\_\_\_\_

Firm Name and Nature of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Address City State Zip

Business Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Describe the extent of any direct business association by the lobbyist with any current elected or appointed official or employee of the City of Sunrise. For the purposes of this article, the term "direct business association" shall mean any mutual endeavor undertaken for profit or compensation:

\_\_\_\_\_

**Client Information:**

Name of Client: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

General and Specific Subject Matters the Lobbyist Seeks to Influence: \_\_\_\_\_

**Oath:**

I do solemnly swear or affirm that all of the foregoing information is true and correct, that I read and understand City of Sunrise Code Chapter 2, Article 1.5, and that I am aware of the filing requirements of this and other statements as required. Further, I understand the penalties for violation.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_(year).

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

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

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

\_\_\_\_\_  
Print, Type or Stamp the Name of Commissioned Notary Public

Personally Known \_\_\_\_\_

OR Identification Produced \_\_\_\_\_

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