



**LOBBYIST REGISTRATION STATEMENT
Covering the period of October 1, 2024 - September 30, 2025**

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: _____