

**City of Miami Beach  
Lobbyist Fee Expenditure and Compensation Statement  
City Code Section 2-485**

**Expenditure report for the period of: \_\_\_\_\_ through \_\_\_\_\_**

**A statement shall be filed even if there have been no expenditures or compensation during the reporting period.**

This statement is to be signed, notarized and returned to the City of Miami Beach, City Clerk's Office, 1700 Convention Center Drive, Miami Beach, FL 33139 by February 28th. **A fine of \$50.00 per day, per issue**, shall be assessed for statements filed after the due date. If you require any assistance, please contact this office at 305.673.7411 or at [cityclerk@miamibeach.gov](mailto:cityclerk@miamibeach.gov).

Lobbyist	
Principal	
Issue	

**PLEASE COMPLETE THE SECTION BELOW**

**Detail Compensation Received:** \_\_\_\_\_

**CATEGORIES OF EXPENDITURES**

Food and Beverage: \_\_\_\_\_

Entertainment: \_\_\_\_\_

Research: \_\_\_\_\_

Communication: \_\_\_\_\_

Media Advertising: \_\_\_\_\_

Publications: \_\_\_\_\_

Travel: \_\_\_\_\_

Lodging: \_\_\_\_\_

Special Events: \_\_\_\_\_

**CHECK BOX IF YOU NO LONGER REPRESENT THE PRINCIPAL FOR THE ABOVE ISSUE**  
**DATE REPRESENTATION ENDED:** \_\_\_\_\_

**OATH**

**State of Florida,  
County of Miami-Dade**

I, the undersigned lobbyist do hereby depose under oath and affirm that the information disclosed herein and any attachment hereto are true and correct.

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

**SIGNATURE AND STAMP OF NOTARY:**

\_\_\_\_\_  
**Produced ID** \_\_\_\_\_  
Form of Identification

\_\_\_\_\_  
**Personally known**

\_\_\_\_\_  
Signature of Public Notary – State of Florida  
**Sworn to and subscribed before me**  
**This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_**