

**Pinellas County, Florida**  
**\*Statement of Lobbying Expenditures**

Date: \_\_\_\_\_

Calendar Year: \_\_\_\_\_

Name of Lobbyist: \_\_\_\_\_

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

**Note:** Statement is to be received by the Clerk to the Board on or before January 1. The list of expenditures shall be provided for the preceding calendar year. Please be sure the statement is notarized where applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Source of Funds	Amount Expended	Date Expended	Name of Commissioner	Nature of Expenditure
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

State of Florida, County of Pinellas, before me the undersigned personally appeared \_\_\_\_\_ who in my presence subscribed the foregoing document, and who did take an oath, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_ Seal

Print, Type or Stamp Commissioned Name of Notary Public, Number and when commission expires