LAKE COUNTY
FLORIDA

Sign-in Sheet

Department / Division Name: **BCC Office** **Month/Year:** August 2016

1. Name: _____ Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

2. Name: _____ Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

3. Name: _____ Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

4. Name: _____ Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

LAKE COUNTY
FLORIDA

Sign-in Sheet

Department / Division Name: **BCC Office** **Month/Year:** August 2016

1. Name: _____ Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

2. Name: _____ Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

3. Name: _____ Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

4. Name: _____ Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

LAKE COUNTY
FLORIDA

Sign-in Sheet

County Attorney
RECEIVED
SEP 0 1 2016

Department / Division Name: **Fiscal & Administrative Services Department/Budget Office** **Month/Year:** **August 2016**

1. Name: _____ Address: _____
   Reason for Visit: _____
   Name of Person(s) Contacted: _____ Date: _____

2. Name: _____ Address: _____
   Reason for Visit: _____
   Name of Person(s) Contacted: _____ Date: _____

3. Name: _____ Address: _____
   Reason for Visit: _____
   Name of Person(s) Contacted: _____ Date: _____

4. Name: _____ Address: _____
   Reason for Visit: _____
   Name of Person(s) Contacted: _____ Date: _____

5. Name: _____ Address: _____
   Reason for Visit: _____
   Name of Person(s) Contacted: _____ Date: _____

August 2016

Code Enforcement

County Attorney
RECEIVED
SEP 01 2016

LAKE COUNTY
FLORIDA

LOBBYIST | Sign-in Sheet

1. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

2. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

3. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

4. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

LAKE COUNTY
FLORIDA

Sign-in Sheet

Department / Division Name: County Attorney's Office **Month/Year:** AUGUST 2016

1. Attorney Name: Bill Deas Attorney Address:
   Client Name: Jeff Cragan Client Address:
   Meeting Topic: Cragan Crossing FRD
   Name of Person(s) Contacted: Date: 8/10/16

2. Attorney Name: Melanie Marsh Attorney Address: Economic Stimulus
   Client Name: Scott Alexander Client Address: 13173, Sunshine Circle, Clermont, FL 34711
   Meeting Topic:
   Name of Person(s) Contacted: Date: 8/31/16

3. Attorney Name: Attorney Address:
   Client Name: Client Address:
   Meeting Topic:
   Name of Person(s) Contacted: Date:

4. Attorney Name: Attorney Address:
   Client Name: Client Address:
   Meeting Topic:
   Name of Person(s) Contacted: Date:

LAKE COUNTY
FLORIDA

Sign-in Sheet

County Attorney
RECEIVED
SEP 01 2016

Department / Division Name: **Community Services – Administration (Suite 233)** **Month/Year:** **August 2016**

1. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

2. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

3. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

4. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

AUGUST 2016

County Attorney
RECEIVED
AUG 3 1 2016

LAKE COUNTY
FLORIDA

Community Services -
Housing & Community Development Division

8.31.16

LOBBYIST | Sign-in Sheet

1. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

2. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

3. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

4. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

Community Services Department
Transit Division

LAKE COUNTY
FLORIDA

August - 2016

LOBBYIST | Sign-in Sheet

1. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

2. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

3. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

4. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

County Attorney
RECEIVED
SEP 02 2016

Health + Human Services

August 2016

LAKE COUNTY
FLORIDA

LOBBYIST | Sign-in Sheet

1. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

2. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

3. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

4. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

To: J. Coyle Legal EAB 8.31.16

August 2016

**Facilities Dev & Mgmt Dept
***Facilities Administration
32400 County Rd. 473
Leesburg, Florida 34788

LAKE COUNTY
FLORIDA

LOBBYIST | Sign-in Sheet

County Attorney
RECEIVED
SEP 02 2016

1. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

2. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

3. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

4. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

LAKE COUNTY
FLORIDA

Sign-in Sheet

County Attorney
RECEIVED
SEP 06 2016

Department / Division Name: ECONOMIC GROWTH/ PLANNING & ZONING **Month/Year:** August 2016

1. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

2. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

3. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

4. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

Human Resources

County Attorney
RECEIVED
AUG 3 1 2016

August 2016

LAKE COUNTY
FLORIDA

LOBBYIST | Sign-in Sheet

1. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

2. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

3. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

4. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

LAKE COUNTY
FLORIDA

Sign-in Sheet

County Attorney
RECEIVED
SEP 01 2016

Department / Division Name: **Information Technology Department** **Month/Year:** August 2016

1. Vendor Name: DAVID LOTT Vendor Address: 318 S 2ND ST
   Guest Name:
   Meeting Topic: FIBER
   Name of Person(s) Contacted: RON COBBS Date:

2. Vendor Name: Vendor Address:
   Guest Name:
   Meeting Topic:
   Name of Person(s) Contacted: Date:

3. Vendor Name: Vendor Address:
   Guest Name:
   Meeting Topic:
   Name of Person(s) Contacted: Date:

4. Vendor Name: Vendor Address:
   Guest Name:
   Meeting Topic:
   Name of Person(s) Contacted: Date:

Information Tech - Telecommunications
DEPARTMENT - DIVISION

Aug. 2016
MONTH and YEAR

LAKE COUNTY
FLORIDA

None -

LOBBYIST | Sign-in Sheet

1. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

2. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

3. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

4. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

LAKE COUNTY
FLORIDA

Sign-in Sheet

Department / Division Name: **County Probation** **Month/Year:** August 2016

1. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

2. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

3. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

4. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

Kieran Johnson

C:\Users\avanderberg\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\LXBVWDSS\County Attorney's Sign in Sheet.doc

Aug. 31. 2016 9:21AM No. 4708 P. 1

LAKE COUNTY
FLORIDA

Sign-in Sheet

County Attorney
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SEP 06 2016

Department / Division Name: **FISCAL ADMIN. / PROCUREMENT SERVICES** **Month/Year:** Aug. 2016

1. Business Name: Traffic & Mobility Consultants Business Address: 3101 Maguire Blvd, Ste 210T Orlando FL 32803
   Vendor Name: Address Cont.:
   Reason for visit: RFP Package Drop-off
   Name of Person(s) Contacted: Susan Duran Date: 8/23/16

2. Business Name: Business Address:
   Vendor Name: Address Cont.:
   Reason for visit:
   Name of Person(s) Contacted: Date:

3. Business Name: Business Address:
   Vendor Name: Address Cont.:
   Reason for visit:
   Name of Person(s) Contacted: Date:

4. Business Name: Business Address:
   Vendor Name: Address Cont.:
   Reason for visit:
   Name of Person(s) Contacted: Date:

LAKE COUNTY
FLORIDA

County Attorney
RECEIVED
SEP 01 2016

Department / Division Name: **UF/IFAS EXTENSION, LAKE COUNTY** **Month/Year:** August 2016

1. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

2. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

3. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

4. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

NONE

LAKE COUNTY
FLORIDA

Sign-in Sheet

County Attorney
RECEIVED
SEP 01 2016

Department / Division Name: **Public Resources / Library Services** **Month/Year:** **August 2016**

1. Visitor's Name: _____ Visitor's Address: _____
   Business Name: _____ Business Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

2. Visitor's Name: _____ Visitor's Address: _____
   Business Name: _____ Business Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

3. Visitor's Name: _____ Visitor's Address: _____
   Business Name: _____ Business Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

4. Visitor's Name: _____ Visitor's Address: _____
   Business Name: _____ Business Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

LAKE COUNTY
FLORIDA

County Attorney
RECEIVED
AUG 3 1 2016

Department / Division Name: **Public Resources/Parks & Trails** **Month/Year:** Aug. 2016

1. Visitors Name: _____ Visitors Address: _____
   Business Name: _____ Business Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

2. Visitors Name: _____ Visitors Address: _____
   Business Name: _____ Business Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

3. Visitors Name: _____ Visitors Address: _____
   Business Name: _____ Business Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

4. Visitors Name: _____ Visitors Address: _____
   Business Name: _____ Business Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

Coyle, James

From: webmaster@lakecountyfl.gov
Sent: Monday, August 15, 2016 4:46 PM
To: lobbying
Subject: Lobbyist Email Contact Form Submission

Date Sent : 8/15/2016 4:46:26 PM

Employee Name : Roberto Bonilla
Employee Title : Parks & Trails Division Manager
Employee Department : Public Resources - Parks & Trails

Lobbyist Name : Marian Mithani
Lobbyist Email : mmi@eco-counter.com
Lobbyist Address : 604-3981 St. Laurent Blvd604-3981 St. Laurent Blvd, Montreal, Canada
Lobbying Topic : Counting trail users
Principal Name : Eco-Counter
Principal Address : 604-3981 St. Laurent Blvd, Montreal, Canada

LAKE COUNTY
FLORIDA

Sign-in Sheet

County Attorney
RECEIVED
SEP 02 2016

Department / Division Name: **Public Resources Department – Fairgrounds** **Month/Year:** **August 2016**

1. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

2. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

3. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

4. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

LAKE COUNTY
FLORIDA

Sign-in Sheet

Department/Division Name: Public Safety-Fire Rescue *Month./Year:* Aug. 2016

1. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

2. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

3. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

4. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

LAKE COUNTY
FLORIDA

LOBBYIST | Sign-in Sheet

1. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

2. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

3. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

4. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

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AUG 31 2016
LAKE COUNTY
EMERGENCY MANAGEMENT

County Attorney
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SEP 01 2016

LAKE COUNTY
FLORIDA

LOBBYIST | Sign-in Sheet

Department / Division Name: Public Works/Administration **Month/Year:** August/2016

1. Lobbyist Name: Scott Bear Lobbyist Address: 225 E. Robinson St., Orlando, FL. 32801
   Principal Name: CH2M HILL Principal Address:
   Lobbying Topic: CFX
   Name of Person(s) Contacted: Jim Stivender Date: 8/5/16

2. Lobbyist Name: Mike Snyder Lobbyist Address: 225 E. Robinson St, Orlando 32801
   Principal Name: CH2M Principal Address:
   Lobbying Topic: CFX
   Name of Person(s) Contacted: Jim Stivender Date: 8/5/16

3. Lobbyist Name: Mark Callahan Lobbyist Address: 225 E. Robinson St, Orlando 32801
   Principal Name: Principal Address:
   Lobbying Topic: CFX
   Name of Person(s) Contacted: Jim Stivender Date: 8/5/16

4. Lobbyist Name: Lobbyist Address:
   Principal Name: Principal Address:
   Lobbying Topic:
   Name of Person(s) Contacted: Date:

LAKE COUNTY
FLORIDA

Sign-in Sheet

County Attorney
RECEIVED
SEP 01 2016

Department / Division Name: **Public Works Engineering** **Month/Year:** **August 2016**

1. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

2. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

3. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

4. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

LAKE COUNTY
FLORIDA

Sign-in Sheet

County Attorney
RECEIVED
SEP 01 2016

Department / Division Name: **Solid Waste's Office** **Month/Year:** **August 2016**

1. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

2. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

3. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

4. Attorney Name: _____ Attorney Address: _____
   Client Name: _____ Client Address: _____
   Meeting Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

County Attorney
RECEIVED
SEP 0 1 2016

August, 2016

Mosquito & Aquatic Plant Management

LAKE COUNTY
FLORIDA

LOBBYIST | Sign-in Sheet

1. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

2. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

3. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

4. Lobbyist Name: _____ Lobbyist Address: _____
   Principal Name: _____ Principal Address: _____
   Lobbying Topic: _____
   Name of Person(s) Contacted: _____ Date: _____

NONE