



THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA
ANNUAL LOBBYIST REGISTRATION FORM
 (Required by School Board Rule 6Gx13- 8C-1.21)

Please Type or Print in Ink

NAME OF LOBBYIST:

Mr/Ms Last Name

First Name

Middle

BUSINESS/FIRM NAME:

MAILING ADDRESS:

City

State

Zip Code

BUSINESS PHONE:

FAX:

E-MAIL:

PRINCIPAL REPRESENTED:

PRINCIPAL'S BUSINESS ADDRESS:

PRINCIPAL'S PHONE:

List any current member of the School Board or Miami-Dade County Public Schools administration, School Board Administrative Assistant, or School Board Attorney with whom you or your principal have any direct business association. (If none, so indicate.)

I do solemnly swear that all facts contained in this Annual Registration report are true and correct, and that I have read and am familiar with the provisions contained in School Board Rule 6Gx13- 8C-1.21, Lobbyists.

 Signature of Lobbyist

PLEASE NOTE: ON OR BEFORE JULY 1ST OF EACH YEAR, EVERY LOBBYIST MUST FILE AN EXPENDITURE STATEMENT WITH THE CLERK OF THE SCHOOL BOARD FOR THE PRECEDING CALENDAR YEAR, REGARDLESS OF THE LEVEL OF ACTIVITY OF THE LOBBYIST, AND WHETHER OR NOT THE LOBBYIST HAS INCURRED ANY EXPENSES DURING THE REPORTING PERIOD.

Filed on this _____ day of _____, 20 ____ with the Office of the School Board Clerk for the term beginning _____ and ending _____.

 School Board Clerk and/or Designee
 The School Board of Miami-Dade County, Florida

*A separate form must be filed for each principal represented.
 *Registration must be renewed in July of each subsequent year or lapse.

FOR OFFICE USE ONLY: ANNUAL REGISTRATION FEE: \$250.00 Effective through June 30th

REGISTRATION FEE PAID: [] YES [] NO [] CHECK # _____ ENTERED BY: _____



KOMISYON KONSÈY LEKÒL MIAMI-DADE COUNTY, FLORIDA
FÒM ENSKRIPSYON ANYÈL POU MOUN KI FÈ LÒBI
(Obligatwa Daprè Règleman Komisyon Konsèy Lekòl 6Gx13- 8C-1.21)

Silvouplè Enprime oubyen Ekri ak Plim Nwa

NON MOUN KI FÈ LÒBI: _____

Mesye/Madan Non

Prenon

Non-Lòt Non

NON BIZNIS/FIM: _____

ADRÈS POSTAL: _____

Vil

Eta

Kòd Postal

TELEFÒN BIZNIS: _____

FAKS: _____

ADRÈS ELEKTWONIK: _____

DIREKTÈ/TRIS KI TE REPREZANTE: _____

ADRÈS BIZNIS DIREKTÈ/TRIS LA: _____

TELEFÒN DIREKTÈ/TRIS: _____

Make non nenpòt manm Komisyon Konsèy, oubyen administrasyon Lekòl Leta Miami-Dade County, Asistan Administratif Kominsyon Konsèy Lekòl, Avoka Komisyon Konsèy Lekòl aktyèl oumenm oubyen direktè/tris ou a gen asosyasyon oubyen biznis ak yo dirèk. (Si ou pa genyen endike sa).

Mwen prete sèman dèske tout enfòmasyon ki nan rapò Enskripsyon Anyèl sa a se laverite e kòrèk, e mwen te li e familiarize mwen ak eksplikasyon ki gen nan règleman Komisyon Konsèy Lekòl (6Gx13- 8C-1.21), pou Moun ki Fè Lòbi.

 Siyati Moun ki Fè Lòbi

SILVOUPLÈ NOTE: JOU OUBYEN ANVAN 1YE JIYÈ CHAK ANE, CHAK MOUN KI FÈ LÒBI DWE RANPLI NAN BIWO AVOKA LEKÒL LA, YON DOKIMAN DEPANS YO FÈ POU KALANDRIYE ANE KI AP VINI A, SAN KONSIDERE NIVO AKTIVITE MOUN KI FÈ LÒBI A, E ÈSKE OU NON PA MOUN KI FÈ LÒBI A FÈ NENPÒT DEPANS PANDAN PERYÒD LI FÈ RAPÒ A.

Dokimante nan jou _____ mwa _____, 20 ____ ak Biwo Avoka Komisyon Konsèy Lekòl la pou trimès ki kòmanse _____ e k ap fini _____.

 Biwo Avoka Komisyon Konsèy Lekòl e/oubyen Moun Li Deziye
 Komisyon Konsèy Lekòl Miami-Dade County, Florida

*Chak Direktè ki te reprezante dwe ranpli yon fòm separeman.

*Yo dwe renouvle enskripsyon an pou chak ane ki ap vini a oubyen li anile.

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