

BLUEPRINT

INTERGOVERNMENTAL AGENCY



LOBBYING QUARTERLY COMPENSATION REPORT

The Blueprint Lobbying Policy requires submittal of this report within 30 days of the end of the quarter. Email to Records@talgov.com or Deliver or Address to: **City of Tallahassee Office of the Treasurer-Clerk Attention: Lobbyist Registration, Box A-31 300 S. Adams Street Tallahassee, Florida 32301**

1. Lobbying Firm Information

NAME OF LOBBYIST FIRM: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: (____) _____ **EMAIL:** _____

2. Quarter Ended (Enter Year and Check Appropriate Quarter)

Mar. 31, 20__ Jun. 30, 20__ Sept. 30, 20__ Dec. 31, 20__

3. List Name(s) of Registered Lobbyists Employed by Firm during Reporting Period (Attach Additional Sheets as Necessary)

LAST _____ FIRST _____ MI _____	LAST _____ FIRST _____ MI _____
LAST _____ FIRST _____ MI _____	LAST _____ FIRST _____ MI _____
LAST _____ FIRST _____ MI _____	LAST _____ FIRST _____ MI _____
LAST _____ FIRST _____ MI _____	LAST _____ FIRST _____ MI _____
LAST _____ FIRST _____ MI _____	LAST _____ FIRST _____ MI _____
LAST _____ FIRST _____ MI _____	LAST _____ FIRST _____ MI _____
LAST _____ FIRST _____ MI _____	LAST _____ FIRST _____ MI _____
LAST _____ FIRST _____ MI _____	LAST _____ FIRST _____ MI _____
LAST _____ FIRST _____ MI _____	LAST _____ FIRST _____ MI _____
LAST _____ FIRST _____ MI _____	LAST _____ FIRST _____ MI _____

4. Total Compensation Provided or Owed to the Lobbying Firm from All Principals Represented before the Agency during Reporting Period (Check the Appropriate Choice)

Zero
 \$1 to \$49,999
 \$50,000 to \$99,999
 \$100,000 to \$249,999
 \$250,000 to \$499,999
 \$500,000 to \$999,999
 \$1,000,000 or more

LOBBYING QUARTERLY COMPENSATION REPORT

5. Compensation Paid by Individual Principals Represented by Lobbying Firm during the Reporting Period (Attach Additional Sheets as Necessary)

Full Name of Principal Paying Compensation

Full Name of Principal Paying Compensation

Full Name of Principal Paying Compensation

Business Address of Principal

Business Address of Principal

Business Address of Principal

City, State, Zip
()

City, State, Zip
()

City, State, Zip
()

Telephone Number of Principal

Telephone Number of Principal

Telephone Number of Principal

Check the Total Compensation Provided or Owed to the Lobbying Firm for the Reporting Period.

Check the Total Compensation Provided or Owed to the Lobbying Firm for the Reporting Period.

Check the Total Compensation Provided or Owed to the Lobbying Firm for the Reporting Period.

- \$0 (Zero)
- \$1 to \$9,999
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999

- \$0 (Zero)
- \$1 to \$9,999
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999

- \$0 (Zero)
- \$1 to \$9,999
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999

If greater than \$50,000, provide the specific dollar amount rounded to the nearest \$1000: \$ _____

If greater than \$50,000, provide the specific dollar amount rounded to the nearest \$1000: \$ _____

If greater than \$50,000, provide the specific dollar amount rounded to the nearest \$1000: \$ _____

If this compensation was received from a lobbying firm subcontracting work on behalf of a principal, enter the name and business address of the principal originating work:

If this compensation was received from a lobbying firm subcontracting work on behalf of a principal, enter the name and business address of the principal originating work:

If this compensation was received from a lobbying firm subcontracting work on behalf of a principal, enter the name and business address of the principal originating work:

Full Name of Principal

Full Name of Principal

Full Name of Principal

Business Address of Principal

Business Address of Principal

Business Address of Principal

City, State, Zip
()

City, State, Zip
()

City, State, Zip
()

Telephone Number of Principal

Telephone Number of Principal

Telephone Number of Principal

BLUEPRINT  
INTERGOVERNMENTAL AGENCY
LOBBYING QUARTERLY COMPENSATION REPORT

6. Oath

Under penalty of perjury, I declare that I have read the forgoing document and that the facts stated within are true and correct.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

SCANNED FORMS MAY BE EMAILED TO RECORDS@TALGOV.COM

For Official Use Only

City of Tallahassee Office of the Treasurer-Clerk Attention: Lobbyist Registration, Box A-31 300 S. Adams Street Tallahassee, Florida 32301	Registration No. _____
---	------------------------

Rev. 04/2021