



**CITY OF DORAL  
OFFICE OF THE CITY CLERK  
LOBBYIST EXPENDITURE REPORT**

REPORTING PERIOD: \_\_\_\_\_

LOBBYIST NAME: \_\_\_\_\_

LOBBYIST ADDRESS: \_\_\_\_\_

LOBBYIST CONTACT: \_\_\_\_\_

PERSON LOBBIED	DATE	EXPENSE DESCRIPTION	AMOUNT

**Note: Please attach separate page if additional space is needed.**

Separate page attached? \_\_\_ Yes \_\_\_ No If so, how many pages? \_\_\_\_\_



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## Oath

I do solemnly swear that all facts contained on this Annual Lobbyist Expenditure Report are true and correct; and that I have read and am familiar with the provisions contained in Section 2-11.1(s) of the Code of Miami-Dade County adopted by City of Doral, Res. #2007- 31.

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LOBBYIST'S SIGNATURE

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DATE

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me by means of \_\_\_ physical presence or \_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_ who is \_\_\_ personally known to me or \_\_\_ who has produced \_\_\_\_\_ as identification.

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Notary Public

(Seal)