LAKE COUNTY
FLORIDA

# Sign-in Sheet

County Attorney
RECEIVED
SEP 30 2016

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

1. Name: Angie Langley Address: PO Box 121544 Clermont, FL 34712
   Client Name: Gulfstream Client Address: Orlando, FL
   Meeting Topic: Ride Right
   Name of Person(s) Contacted: Sean Parks & David Heath Date: 9/20/16

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 30 2016

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

1. Name: Angie Langley Address: PO Box 121544 - Clermont, FL 34712
   Client Name: Ride Right Client Address:
   Meeting Topic: Transit
   Name of Person(s) Contacted: Schwartzman Date: 9/22/16

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
OCT 04 2016

**Department / Division Name:** **Fiscal & Administrative Services Department/Budget Office** **Month/Year:** **September 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: _____

September 2016

Code Enforcement

LAKE COUNTY
FLORIDA

County Attorney
RECEIVED
SEP 30 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: _____

LAKE COUNTY
FLORIDA

# Sign-in Sheet

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

1. Attorney Name: Lewis Stone Attorney Address: Mt. Dora
   Client Name: VCCDD Client Address:
   Meeting Topic: Property Acquisition
   Name of Person(s) Contacted: Date:

2. Attorney Name: Scott Gerken Attorney Address: Mt. Dora
   Client Name: VCCDD Client Address:
   Meeting Topic:
   Name of Person(s) Contacted: Date:

3. Attorney Name: Attorney Address:
   Client Name: Dr. Ahmed El Difraw Client Address:
   Meeting Topic: Lake County violation Case # 2015080290 Trees Removal
   Name of Person(s) Contacted: / Date: 9/9/16

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
OCT 03 2016

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

SEPTEMBER 2016

LAKE COUNTY
FLORIDA

Community Services -
Housing & Community Development Division

9.30.16

County Attorney
RECEIVED
SEP 30 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 30 2016

Community Services Department
Transit Division

LAKE COUNTY
FLORIDA

September 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
OCT 05 2016

Health + Human Services

LAKE COUNTY
FLORIDA

September 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: _____

To: Legal J. Cofer 9.30.16

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

LAKE COUNTY
FLORIDA

County Attorney
RECEIVED
OCT 04 2016

September 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: _____

LAKE COUNTY
FLORIDA

# Sign-in Sheet

County Attorney
RECEIVED
SEP 30 2016

**Department / Division Name:** ECONOMIC GROWTH/ PLANNING & ZONING **Month/Year:** September 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
SEP 30 2016

September 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
OCT 03 2016

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

1. Vendor Name: Mkrosoft Vendor Address: _____
   Guest Name: John Rolla
   Meeting Topic: Windows 10
   Name of Person(s) Contacted: Leon Plath Date: 9-23-16

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: _____

IT - Telecommunications
DEPARTMENT – DIVISION

County Attorney
RECEIVED
OCT 04 2016

Sept 2016
MONTH and YEAR

LAKE COUNTY
FLORIDA

# LOBBYIST Sign-in Sheet

None

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 30 2016

Sep. 30. 2016 9:16AM

**Department / Division Name:** County Probation

**Month/Year:** September 16

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: _____

No. 5578 P. 1

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

Kieran Johnson

LAKE COUNTY
FLORIDA

# Sign-in Sheet

County Attorney
RECEIVED
OCT 06 2016

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

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

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 30 2016

**Department / Division Name:** UF/IFAS EXTENSION, LAKE COUNTY **Month/Year:** September 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
04 2016

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

1. Visitor's Name: Dan Chadwick Visitor's Address: 125 Dunlavin Dr. Acworth, GA.
   Business Name: Comprise Tech Business Address: N J
   Meeting Topic: Introduction
   Name of Person(s) Contacted: Gary Earl Date: 09/21/16

2. Visitor's Name: Fred Thevey Visitor's Address: 640 E Marks St. Orl FL 32803
   Business Name: B+T Business Address: NC
   Meeting Topic: TS360
   Name of Person(s) Contacted: Gary + Rachael Date: 9/22/16

3. Visitor's Name: Brion Gilbert Visitor's Address: 30317 Golfhurst St Wesley Chapel FL 33545
   Business Name: Recorded Books Business Address:
   Meeting Topic: Digital
   Name of Person(s) Contacted: Rachel Mundy Date: 9/23/16

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
SEP 30 2016

# Sign-in Sheet

**Department / Division Name:** **Public Resources/Parks & Trails** **Month/Year:** Sept. 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: _____

LAKE COUNTY
FLORIDA

# Sign-in Sheet

County Attorney
RECEIVED
OCT 03 2016

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

County Attorney
RECEIVED
SEP 3 0 2016

# Sign-in Sheet

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

County Attorney
RECEIVED
SEP 30 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: _____

RECEIVED
SEP 30 2016
LAKE COUNTY
EMERGENCY MANAGEMENT

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

County Attorney
RECEIVED
SEP 30 2016

# LOBBYIST | Sign-in Sheet

**Department / Division Name:** **Public Works/Administration** **Month/Year:** **September/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
OCT 03 2016

**Department / Division Name:** **Public Works Engineering** **Month/Year:** **September 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 30 2016

**Department / Division Name:** **Solid Waste's Office** **Month/Year:** **September 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: _____

September, 2016

LAKE COUNTY
FLORIDA

Mosquito & Aquatic Plant Management

County Attorney
RECEIVED
SEP 30 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: _____

NONE