LAKE COUNTY
FLORIDA

Sign-in Sheet

County Attorney
RECEIVED
NOV 30 2016

Department / Division Name: **BCC Office** **Month/Year:** November 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
NOV 30 2016

Department / Division Name: ~~BCC Office~~ County mgr. **Month/Year:** November 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
DEC 01 2016

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

November 2016

Code Enforcement

County Attorney
RECEIVED
NOV 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: _____

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:** NOVEMBER 2016

1. Attorney Name: Butch Blanchard Attorney Address: 35 E. Pinehurst Blvd, Eustis
   Client Name: Bill Milton Client Address: Altoona
   Meeting Topic: Lot of Record determination
   Name of Person(s) Contacted: Date: 11/18/16

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
DEC 01 2016

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

NOVEMBER 2016

LAKE COUNTY
FLORIDA

Community Services -
Housing & Community Development Division

11.30.16

County Attorney
RECEIVED
DEC 01 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: _____

Community Services Department
Transit Division

LAKE COUNTY
FLORIDA

November - 2016

County Attorney
RECEIVED
DEC 01 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
DEC 08 2016

Health + Human Services

November 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: _____

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

12.1.16

LAKE COUNTY
FLORIDA

County Attorney
RECEIVED
DEC 02 2016

November 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
DEC 05 2016

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

November 2016

County Attorney
RECEIVED
DEC 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

County Attorney
RECEIVED
DEC 01 2016

Department / Division Name: **Information Technology Department** **Month/Year:** November - 2016

1. Vendor Name: DataBank Vendor Address: 2868 Remington Green Cir, Tallahassee, FL 32309
   Guest Name: Kathy Will
   Meeting Topic: OnBase
   Name of Person(s) Contacted: Shelley Coates Date: 11/4/16

2. Vendor Name: Microsoft Vendor Address:
   Guest Name: PAUL HUNTS
   Meeting Topic: Security
   Name of Person(s) Contacted: Jean Date: 11/16/16

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

Nov 2016
MONTH and YEAR

County Attorney
RECEIVED
DEC 01 2016

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

County Attorney
RECEIVED
DEC 0 1 2016

Nov. 30. 2016 4:41PM No. 7173 P. 1/1

Department / Division Name: **County Probation** **Month/Year:** November 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

LAKE COUNTY
FLORIDA

Sign-in Sheet

County Attorney
RECEIVED
DEC 01 2016

Department / Division Name: **FISCAL ADMIN. / PROCUREMENT SERVICES** **Month/Year:** Nov. 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
NOV 30 2016

Department / Division Name: UF/IFAS EXTENSION, LAKE COUNTY **Month/Year:** November 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
DEC 01 2016

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

1. Visitor's Name: Jerry Newberry Visitor's Address: 5804 Stratford Ln Lakeland, FL 33813
   Business Name: World Book Business Address:
   Meeting Topic:
   Name of Person(s) Contacted: Rachel Montgomery Date: 11/2/16

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

Sign-in Sheet

County Attorney
RECEIVED
NOV 30 2016

Department / Division Name: **Public Resources/Parks & Trails** **Month/Year:** November 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
DEC 02 2016

Department / Division Name: **Public Resources Department – Fairgrounds** **Month/Year:** **November 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
DEC 0 1 2016

LAKE COUNTY
FLORIDA

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: _____

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DEC 01 2016
LAKE COUNTY
EMERGENCY MANAGEMENT

County Attorney
RECEIVED
DEC 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

County Attorney
RECEIVED
DEC 01 2016

LOBBYIST | Sign-in Sheet

Department / Division Name: **Public Works/Administration** **Month/Year:** **November/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
05 2016

Department / Division Name: **Public Works Engineering** **Month/Year:** **November 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
DEC 01 2016

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

November, 2016

LAKE COUNTY
FLORIDA

Mosquito & Aquatic Plant Management

County Attorney
RECEIVED
DEC 0 1 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