Form #1 GREATER ORLANDO AVIATION AUTHORITY LOBBYIST REGISTRATION & RE-REGISTRATION FOR CALENDAR YEAR - _____

In order to begin our lobbyist registration process you must complete the following questionnaire. Please return the completed form to the attention of Chief Administrative Officer, Greater Orlando Aviation Authority, One Jeff Fuqua Boulevard, Orlando, FL 32827-4399 prior to lobbying any member or employee of the Greater Orlando Aviation Authority each calendar year.

Please type or print clearly

LOBBYIST'S INFORMATION

	Last Name	First Name	Middle Init
Comp	pany/Firm Name of Lobbyist		
Busin	ness Mailing Address (Street, City, and Zip C	Code)	
usin	ness Phone ()	Fax ()	
E-ma	il Address		
	ou or any of your employees have a busines ion Authority Board, or any employee?	s, professional, or familial relat Yes [] No []	ionship with any member
ges	, state with whom and explain the relationsl	nip:	
RIN	NCIPAL'S INFORMATION		
PRIN	NCIPAL'S INFORMATION Principal's Name		
	Principal's Name		
	Principal's Name Occupation or Business of Principal	(Street City Tip Code)	
	Principal's Name	s (Street, City, Zip Code)	
	Principal's Name Occupation or Business of Principal		
	Principal's Name Occupation or Business of Principal Occupation or Business Mailing Address	terest	s [] No []
	Principal's Name Occupation or Business of Principal Occupation or Business Mailing Address Principal's specific area(s) of business into	terest Yes	
	Principal's Name Occupation or Business of Principal Occupation or Business Mailing Address Principal's specific area(s) of business into Is the Principal a corporation or limited	terest Yes	
	Principal's Name Occupation or Business of Principal Occupation or Business Mailing Address Principal's specific area(s) of business into Is the Principal a corporation or limited	terest Yes	
	Principal's Name Occupation or Business of Principal Occupation or Business Mailing Address Principal's specific area(s) of business into Is the Principal a corporation or limited	terestYes	s[] No[]

8.	Is the Principal a limited partnership? Yes [] No []			
9.	If yes, please list the names of all the general partners:			
10.	Is the Principal a trust? Yes [] No []			
11.	If yes, list the names of all trustees and beneficiaries:			
Please	e sign and date this form to indicate the information above is accurate to the best of your knowledge.			
	ture			
Print	Name			
Date .				
All ac	dditional principals you will be representing must be reported and recorded on a supplemental form.			
	gning this registration, I acknowledge that I have reviewed the Aviation Authority's Lobbyist Policy (180.01) the Selection Period Communication Policy (180.03). I agree to abide by the terms of those policies.			
Signat	ture			
Chief Great One J	e return to: Administrative Officer er Orlando Aviation Authority eff Fuqua Boulevard do, FL 32827-4399			

Fax: (407) 825-3355 lobbyist@goaa.org

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