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

Name	Last Name	First Name	Middle Initial
Comp	pany/Firm Name of Lobbyist		
Busin	ness Mailing Address (Street, City, and Zip	o Code)	
Busin	ness Phone ()	Fax ()	
E-ma	il Address		
Aviati	ou or any of your employees have a busin ion Authority Board, or any employee?	Yes [] No []	ship with any members of the
ir yes	, state with whom and enplant the relation		
PRIN	NCIPAL'S INFORMATION		
	NCIPAL'S INFORMATION Principal's Name		
1.			
1. 2.	Principal's Name	ess (Street, City, Zip Code)	
1. 2. 3.	Principal's Name Occupation or Business of Principal		
1. 2. 3.	Principal's Name Occupation or Business of Principal Occupation or Business Mailing Addr	interest] No[]
 1. 2. 3. 4. 5. 	Principal's Name Occupation or Business of Principal Occupation or Business Mailing Addr Principal's specific area(s) of business	interest Yes [
PRIN 1. 2. 3. 4. 5.	Principal's Name Occupation or Business of Principal Occupation or Business Mailing Addr Principal's specific area(s) of business Is the Principal a corporation or limite	interest Yes [
 1. 2. 3. 4. 5. 	Principal's Name Occupation or Business of Principal Occupation or Business Mailing Addr Principal's specific area(s) of business Is the Principal a corporation or limite	interest Yes [
 1. 2. 3. 4. 5. 	Principal's Name Occupation or Business of Principal Occupation or Business Mailing Addr Principal's specific area(s) of business Is the Principal a corporation or limite	interest ed liability company? Yes [e officer or manager(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:		
	sign and date this form to indicate the information above is accurate to the best of your knowledge.		
Print N	Jame		
Date _			
All add	ditional principals you will be representing must be reported and recorded on a supplemental form.		
	ting this registration, I acknowledge that I have reviewed the Aviation Authority's Lobbyist Policy (180.01) e Selection Period Communication Policy (180.03). I agree to abide by the terms of those policies.		
Signatu	are		
Chief A Greater One Je Orland	return to: Administrative Officer r Orlando Aviation Authority ff Fuqua Boulevard o, FL 32827-4399 st@goaa.org		