DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013
Expiration Date: 06/30/2028

1. * Type of Federal Action:
- [ ] a. contract
- [x] b. grant
- [ ] c. cooperative agreement
- [ ] d. loan
- [ ] e. loan guarantee
- [ ] f. loan insurance

2. * Status of Federal Action:
- [ ] a. bid/offer/application
- [x] b. initial award
- [ ] c. post-award

3. * Report Type:
- [x] a. initial filing
- [ ] b. material change

4. Name and Address of Reporting Entity:

[x] Prime [ ] SubAwardee

* Name: County of Pinellas

* Street 1: 315 Court Street Street 2:

* City: Clearwater State: FL: Florida Zip: 33756

Congressional District, if known: FL-013

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency:

Office of the Secretary of Transportatio

7. * Federal Program Name/Description:

Safe Streets and Roads for All

Assistance Listing Number, *if applicable:* 20.939

8. Federal Action Number, *if known:*

9. Award Amount, *if known:*

$

10. a. Name and Address of Lobbying Registrant:

Prefix: * First Name: Van Scoyoc Middle Name:

* Last Name: Van Scoyoc Suffix:

* Street 1: 215 Monroe Street Street 2:

* City: Tallahassee State: FL: Florida Zip: 32301

b. Individual Performing Services (including address if different from No. 10a)

Prefix: * First Name: Harry Middle Name:

* Last Name: Glenn Suffix:

* Street 1: 215 S Monroe Street Street 2:

* City: Tallahassee State: FL: Florida Zip: 32301

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

*** Signature:** Barry Burton

***Name:** Prefix: Mr. * First Name: Barry Middle Name:

* Last Name: Burton Suffix:

Title: County Administrator **Telephone No.:** **Date:** May 20, 2026

Federal Use Only:

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Standard Form - LLL (Rev. 7-97)

APPROVED AS TO FORM
By: Joseph A Morrissey
Office of the County Attorney