DISCLOSURE OF LOBBYING ACTIVITIES

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

OMB Number: 4040-0013 Expiration Date: 02/28/2025

1. * Type of Federal Action:	2. * Status of Federa	l Action:	3. * Report Type:	
a. contract	a. bid/offer/application		a. initial filing	
b. grant	b. initial award		b. material change	
c. cooperative agreement	c. post-award			
d. loan				
e. loan guarantee f. loan insurance				
	-			
4. Name and Address of Reporting Entity: Prime SubAwardee				
*Name County of Pinellas				
*Street 1 400 S. Ft. Harrison Ave - 3rd FL	Stre	eet 2		
* City Clearwater	State FL: Florida		Zip 33756-5338	
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:		7. * Federal Prog	ram Name/Description:	
US Department of Transportation Safe Streets and Roads for All				
CFDA Number, if applicable: 20.939				
8. Federal Action Number, if known: 9. Award Amount, if known:				
\$				
		Ψ		
10. a. Name and Address of Lobbying Registrant:				
Prefix * First Name Middle Name				
*Last Name Van Scoyoc Associates, Inc.				
*Street 1 800 Maine Avenue SW, Ste 800	Stre	eet 2		
* City Washington	State DC: District of C	columbia	Zip 20024	
b. Individual Performing Services (including address if different from No. 10a)				
Prefix Mr. *First Name Harry Middle Name				
* Last Name Suffix				
* Street 1	Stre	eet 2		
* City	State		Zip Occode	
Washington	DC: District of C		20024	
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 fajkure. ATTEST, KEN BURKE, QLERK				
* Signature: By Alliparline SEAL				
*Name: Prefix *First Name Kathleen Middle Name				
* Last Name Peters Suffix				
Title: Telephone No.: Date: July 30, 2024.				
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