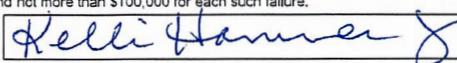


DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB
4040-0013

1. * Type of Federal Action: <p> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance </p>	2. * Status of Federal Action: <p> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award </p>	3. * Report Type: <p> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change </p>
4. Name and Address of Reporting Entity: <p> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee </p> <p> * Name <input type="text" value="County of Pinellas"/> * Street 1 <input type="text" value="315 Court Street RM 601"/> Street 2 <input type="text"/> * City <input type="text" value="Clearwater"/> State <input type="text" value="FL: Florida"/> Zip <input type="text" value="33756-5165"/> Congressional District, if known: <input type="text" value="13, 14"/> </p>		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:		
6. * Federal Department/Agency: <input type="text" value="U.S. Department of Homeland Security"/> 7. * Federal Program Name/Description: <input type="text" value="Countering Weapons of Mass Destruction (CWMD)"/> <p style="margin-left: 20px;">Assistance Listing Number, if applicable: <input type="text"/></p>		
8. Federal Action Number, if known: <input type="text"/> 9. Award Amount, if known: <input type="text" value="\$"/>		
10. a. Name and Address of Lobbying Registrant: <p> Prefix <input type="text" value="Mr."/> *First Name <input type="text" value="Harry"/> Middle Name <input type="text" value="H."/> *Last Name <input type="text" value="Glenn"/> Suffix <input type="text"/> *Street 1 <input type="text" value="800 Maine Ave SW STE 800"/> Street 2 <input type="text"/> *City <input type="text" value="Washington"/> State <input type="text" value="DC: District of Columbia"/> Zip <input type="text" value="20024-2806"/> </p>		
b. Individual Performing Services (including address if different from No. 10a) <p> Prefix <input type="text" value="Mr."/> *First Name <input type="text" value="Harry"/> Middle Name <input type="text" value="H."/> *Last Name <input type="text" value="Glenn"/> Suffix <input type="text"/> *Street 1 <input type="text"/> Street 2 <input type="text"/> *City <input type="text"/> State <input type="text"/> Zip <input type="text"/> </p>		
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: 		
*Name: Prefix <input type="text" value="Mrs."/> *First Name <input type="text" value="Kelli"/> Middle Name <input type="text"/> *Last Name <input type="text" value="Hammer Levy"/> Suffix <input type="text"/>		
Title: <input type="text" value="Department Director"/> Telephone No.: <input type="text" value="(727) 464-3317"/> Date: <input type="text" value="1/18/20286"/>		
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