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 Federal 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 | | |
| | Entitus | |
| 4. Name and Address of Reporting | Entity. | |
| Prime SubAwardee | | |
| Pinellas County Board of County Commissioners | | |
| *Street 1 c/o Office of Management and Budget Street 2 14 S. Ft. Harrison Ave, 5th Floor | | |
| * 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: | 7. * Federal P | rogram Name/Description: |
| Bureau of Justice Assistance | Drug Court Discretionary Grant Program | |
| | | |
| CFDA Number, if applicable: 16.585 | | |
| 8. Federal Action Number, if known: 9. Award Amount, if known: | | |
| | | |
| 40 a Name and Address of Labbring Devictors | | |
| 10. a. Name and Address of Lobbying Registrant: | | |
| Prefix * First Name N/A | Middle Name | |
| *Last Name N/A Suffix | | |
| * Street 1 Street 2 | | |
| * City | State | Zip |
| N/A | State | ΖΙΡ |
| b. Individual Performing Services (including address if different from No. 10a) | | |
| Profix * First Name | Middle Name | |
| N/A | | |
| * Last Name N/A | Suffix | |
| * Street 1 N/A | Street 2 | |
| * City | State | Zip |
| N/A | | |
| | by title 31 U.S.C. section 1352. This disclosure of lobbyin action was made or entered into. This disclosure is require | g activities is a material representation of fact upon which d 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: | | |
| * Signature: Completed on submission to Gran | | |
| *Name: Prefix Mr. *First Nam | Barry Midd | A. |
| * Last Name Burton | | Suffix |
| Tide: | | |
| Title: County Administrator Telephone No.: 727-464-3596 Date: Completed on submission to Grants.gov | | |
| Federal Use Only: Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97) | | |