



ANNUAL LOBBYIST REGISTRATION

FOR THE PERIOD JULY 1, 2019 THRU JUNE 30, 2020

NAME John Gucciaro / J Gucciaro Consulting LLC PHONE 239-989-5169

MAILING ADDRESS 177 Dundee Rd. Fort Myers Beach FL 33931

LIST THE NAME AND BUSINESS ADDRESS OF EACH PRINCIPAL REPRESENTED, THEIR GENERAL AND SPECIFIC AREAS OF LEGISLATIVE INTEREST, AND THE NATURE AND EXTENT OF ANY DIRECT BUSINESS ASSOCIATION OR PARTNERSHIP WITH ANY CURRENT MEMBER OF THE BOARD OF COUNTY COMMISSIONERS, COUNTY STAFF, OR PERSON SITTING ON A DECISION-MAKING BODY UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS WITH THE PRINCIPAL.

(1) NAME TPI Hospitality ADDRESS 103 15th Ave. N.E. Suite 200 Willmar, Minn. 56201

AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.

project development.

(2) NAME

ADDRESS

AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.

(3) NAME

ADDRESS

AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.

(4) NAME

ADDRESS

AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.

(USE ADDITIONAL PAGES IF NECESSARY)

STATE OF FLORIDA

COUNTY OF LEE

I HEREBY CERTIFY that the statements made above are true and accurate. I further certify and acknowledge that I understand that it is my responsibility to file my annual and quarterly statements and that I will not be notified by the Clerk's Office of my failure to do so.

DATED this ___ day of ___

LOBBYIST

NOTE: This document must be witnessed by either the Deputy Clerk or a Notary Public.

WITNESSED:

The foregoing instrument was signed and acknowledged before me

this ___ day of ___

who produced the following as identification

or is personally known to me, and who did/did not take an oath. [Stamp or Seal]

Handwritten signature of Missy Flint, Deputy Clerk

RECEIVED MINUTES OFFICE 2019 MAY 22 AM 10:16

[Signature of Notary]

[Typed or Printed Name of Notary]



QUARTERLY LOBBYIST STATEMENT

FOR THE PERIOD 7-1-19 THRU 9-30-19

NAME John Gucciardo / S Gucciardo Consulting LLC PHONE 239-989-5769

MAILING ADDRESS 177 Dunbar Rd. FMB #1 33931

(1) PRINCIPAL TPI Hospitality Willmer Miss. 39201

EXPENDITURES MADE ON BEHALF OF PRINCIPAL \$ none

SOURCE OF FUNDS

PURPOSE AND SUBJECT OF LOBBYING ACTIVITIES project development

THE INDIVIDUAL (COMMISSION, COUNTY EMPLOYEE, OR PERSON ON A DECISION-MAKING BODY UNDER

THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS LOBBIED none this period.

(2) PRINCIPAL

EXPENDITURES MADE ON BEHALF OF PRINCIPAL \$

SOURCE OF FUNDS

PURPOSE AND SUBJECT OF LOBBYING ACTIVITIES

THE INDIVIDUAL (COMMISSION, COUNTY EMPLOYEE, OR PERSON ON A DECISION-MAKING BODY UNDER

THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS LOBBIED

(3) PRINCIPAL

EXPENDITURES MADE ON BEHALF OF PRINCIPAL \$

SOURCE OF FUNDS

PURPOSE AND SUBJECT OF LOBBYING ACTIVITIES

THE INDIVIDUAL (COMMISSION, COUNTY EMPLOYEE, OR PERSON ON A DECISION-MAKING BODY UNDER

THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS LOBBIED

(USE ADDITIONAL PAGES IF NECESSARY)

STATE OF FLORIDA

COUNTY OF LEE

I HEREBY CERTIFY that the statements made above are true and accurate. I further certify and acknowledge that I understand that it is my responsibility to file my annual and quarterly statements and that I will not be notified by the Clerk's Office of my failure to do so.

DATED this 1st day of October, 2019

WITNESSED: Theresa King Deputy Clerk

Lobbyist

SWORN TO AND SUBSCRIBED Before me this day of

My Commission Expires:

Notary Public

2019 OCT - 1 AM 10:46