



LEE COUNTY
SOUTH WEST FLORIDA

ANNUAL LOBBYIST REGISTRATION

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

NAME John Gucciaro / SGucciaro 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 _____, _____

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]

[Signature of Notary]

[Typed or Printed Name of Notary]

LOBBYIST

Deputy Clerk

RECEIVED
MINUTES OFFICE
2019 MAY 22 AM 10:16



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 172 Dunbar Rd. FMB #1 33931

(1) PRINCIPAL TPI Hospitality Willman Mtn. 56201

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:

Sheresa King
Deputy Clerk

[Signature]
Lobbyist

SWORN TO AND SUBSCRIBED Before me this _____ day of _____, _____

My Commission Expires:

Notary Public

2019 OCT -1 AM 10:46
NOTARIES OFFICE



QUARTERLY LOBBYIST STATEMENT

FOR THE PERIOD 10-1-19 THRU 12-31-19

NAME John Gucciardo / 5 Gucciardo Consulting LLC PHONE 239-989-5169

MAILING ADDRESS 2050 W. First St. Ft. Myers 33901

(1) PRINCIPAL TPI Hospitality Willmar Minn. 56201

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

(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 1-3-20 day of _____

WITNESSED:
Melissa Bestler
Deputy Clerk

John Gucciardo
Lobbyist

SWORN TO AND SUBSCRIBED Before me this 3-1 day of Jan 2020

2020 JAN -3 PM 12:31

My Commission Expires:

Notary Public

MINUTES OFFICE