



LOBBYING AGREEMENT FORM: RETAINED LOBBYISTS

In lieu of submitting a copy of a lobbying agreement or contract, a Lobbyist may submit the following Lobbying Agreement Form with a Statement of Registration or Registration Amendment.

I. CONTRACT DURATION AND COMPENSATION

| | | | |
|--|---|--|--------------|
| Lobbyist Name: | Constantinople & Vallone Consulting LLC | | |
| Contractual Client Name: | Jupiter Power LLC | | |
| Co-Lobbyist Name: (If applicable) | | | |
| Amendment Information: Indicate if amendment and reason. | Check if amendment to original agreement <input checked="" type="checkbox"/> Select all that apply: <input type="checkbox"/> Adding a Contract <input type="checkbox"/> Change in terms (start/end dates) <input checked="" type="checkbox"/> Compensation change <input type="checkbox"/> Add/Remove Co-Lobbyist _____ <input type="checkbox"/> Other (Please specify) _____ | | |
| Start Date: First date the Lobbyist has agreed to or been authorized to lobby. | 04 / 15 / 21 | Termination Date*: Last date the Lobbyist has agreed to or been authorized to lobby. | 04 / 22 / 22 |
| Compensation**: Amount and Pay Frequency and/or rate of pay. See Section III Addendum on following page to enter additional compensation or date ranges. | Pay Frequency (select one) <input type="radio"/> Hourly <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Annually <input checked="" type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> One Time <input type="radio"/> Range Compensation Amount: \$ 20,500.00 <input type="checkbox"/> Check here if services are being provided Pro Bono | | |
| Will other services, in addition to lobbying, be provided by the individuals authorized to lobby? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| II. SIGNATURES | | | |
| This form must be signed by the Responsible Party for both the Lobbyist and the Contractual Client. | | | |
| Lobbyist Signature: | Contractual Client Signature: | | |
| | | | |
| Printed Name: Anthony Constantinople III | Printed Name: Jack Godshall | | |
| Date: 4.30.21 | Date: 4/30/2021 | | |

NOTES:

*For month-to-month agreements, the Termination Date shall be presumed to be the end of the current biennial period, unless otherwise specified.

**** Regarding Compensation:**

- If the Lobbyist is retained for lobbying, the actual compensation must be reported;
- If the retainer is based on a daily or hourly rate, the fee per day or per hour must be reported;
- If multiple parties with multiple hourly rates will be covered by the retainer, all rates shall be disclosed; and
- If the Lobbyist is an Employed Lobbyist, as defined in Part 943.3(h) of the Commission's regulations, please use the form entitled "Lobbying Agreement Form for Employed Lobbyists."

III. ADDENDUM

Enter additional compensation information below, continued from first page. If your Lobbying Agreement with a Client includes varying dates and/or compensation amounts, you must disclose such dates and compensation amounts. The information for ALL durations and compensation amounts must be disclosed. Indicate each unique compensation and/or duration in a separate box.

For Example:

Duration/Compensation Amount 1

- Start Date: 1/1/21
- Termination Date: 12/31/21
- Compensation Amount: \$1,000 per month

Duration/Compensation Amount 2

- Start Date: 1/1/21
- Termination Date: 1/31/22
- Compensation Amount: \$500 per month

DURATION/COMPENSATION:** Amount and Pay Frequency and/or rate of pay. Include Start Date and Termination Date only if dates differ from contract dates given in Section I.

A. Start Date: ____/____/____ Termination Date: ____/____/____

Pay Frequency (select one)

- Hourly
 Daily
 Weekly
 Bi-Weekly
 Annually
 Monthly
 Quarterly
 One Time
 Range

Compensation Amount: \$

B. Start Date: ____/____/____ Termination Date: ____/____/____

Pay Frequency (select one)

- Hourly
 Daily
 Weekly
 Bi-Weekly
 Annually
 Monthly
 Quarterly
 One Time
 Range

Compensation Amount: \$

C. Start Date: ____/____/____ Termination Date: ____/____/____

Pay Frequency (select one)

- Hourly
 Daily
 Weekly
 Bi-Weekly
 Annually
 Monthly
 Quarterly
 One Time
 Range

Compensation Amount: \$