



NORTH BROWARD HOSPITAL DISTRICT (NBHD) DBA BROWARD HEALTH LOBBYING REGISTRATION FORM

(SEE BACK FOR INSTRUCTIONS)

For what purpose are you using this form?

New Registration Change to Profile Renewal

To which fiscal year does this form apply? 20 _____

LOBBYIST:

Muir David
Last Name First Name Middle

11009 Alterra Parkway, Apt 1338, Austin, TX, 78758

Mailing Address
compliance_browardcountyhealth_ki

Email Address

Office Number 512-320-5100

Cell Number _____

Lobbying Firm on behalf of which lobbyist is representing principal (if any)

Lobbying Firm's Mailing Address

Telephone Number _____

Do you have any direct or indirect business association, partnership, or financial relationship or live in the same household with or are related to any Broward Health Board Member, Board Committee Member, employee, or agent?

No Yes. State with whom and explain: _____

Have you ever been an employee of Broward Health? No Yes,

Title _____ Date of Employment _____ Date of Separation _____

Have you ever served as an NBHD Commissioner or on a Commission Sub-Committee?

No Yes, Date of Service _____ Date of Separation _____

OATH

I do solemnly swear that all the foregoing facts are true and correct.

Original Signature of Lobbyist

Provide the names, business address, telephone number and area of interest of each principal represented.

KPMG LLP

PRINCIPAL #1 Principal Name
111 Congress Avenue Suite 1900

Principal Mailing Address
Austin, TX, 78701

Principal Telephone Number
512-320-5100

Areas of Interest/General & Specific Subject Matter
IT Strategy

PRINCIPAL #2 Principal Name

Principal Mailing Address

Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

PRINCIPAL #3 Principal Name

Principal Mailing Address

Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

STATE OF ~~FLORIDA~~ TEXAS
COUNTY OF TAVIS

Sworn to (or affirmed) and subscribed before me this 22nd day of January 20 21 by David Muir

(Signature of Notary Public--State of ~~Florida~~) TEXAS

(Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known _____ OR Produced Identification _____
Type of Identification Produced Texas Driver's License

Principal Authorization Form

Authorization to Represent the Principal

Type or print the principal represented and name of lobbyist as they are shown on the registration form, also, describe the main business. This authorization to represent the principal before the North Broward Hospital District dba Broward Health for this lobbyist will be carried forward each calendar year if the renewal form submitted by this lobbyist indicates "yes" to renew for the next year. Cancellation of a lobbyist's registration by the principal must be provided by written notice. Cancellation forms can be found at www.browardhealth.org

KPMG LLP

Principal Name

hereby authorizes

David Muir

Lobbyist's Name

Consulting

Description of Principal's Main Business

David Tarabocchia Digitally signed by David Tarabocchia
Date: 2024.01.26 14:43:04 -05'00'

Signature of Principal or Principal's Representative

David Tarabocchia

Print Principal Name / Principal's Representative

Principal

Print Title of Principal / Principal's Representative

1/26/2024

Date

Attach this authorization to your registration form.