



## LOBBYIST REGISTRATION AFFIDAVIT

Choose One:

Renewal ☐

Fiscal Year 2024-2025 ☒

1. Lobbyist Name: Braynon, II Oscar  
Last Name First Middle

Lobbyist Phone: 305 421-6304

Lobbyist Address: 9155 S Dadeland Blvd, Site 1716 Miami, FL 33156  
Street City State Zip

2. Principal Represented: Cigna

Principal Address: 1571 Sawgrass Corporate Pkwy, Sunrise, FL 33323  
Street City State Zip

Other Principals or Interests and Address (Detail):  
NONE

3. Specific Issue on which the Lobbyist has been retained (Describe in Detail):  
Employee Benefits RFP

Lobbyist specifically includes principal as well as any agent, officer, or employee of a principal. Each person who withdraws as a lobbyist is required to file a Certificate of Withdrawal.

4. Registration Fee paid? NO ☐ YES ☒ (Cash ☐ or Check ☒)

5. Please identify all Council People or Personnel to be lobbied:

City Manager, Mayor and Council Members

6. The subject matter in number (3) above is to be considered at which meeting? (Check all applicable)

City Council	<input checked="" type="checkbox"/>
Zoning Board of Adjustment	<input type="checkbox"/>
Planning Commission	<input type="checkbox"/>
City Board	<input type="checkbox"/>
RFP Review/Selection Committee	<input checked="" type="checkbox"/>
CRA Board	<input type="checkbox"/>
CRA Advisory Committee	<input type="checkbox"/>

Received

OCT 2 2024

City Of North Miami  
City Clerk's Office

7. Please state the extent of any business, financial, familial, and professional or other relationship which exists with any individual identified in number (5) above.

NONE

OATH

STATE OF FLORIDA )

COUNTY OF MIAMI-DADE )

I, the undersigned registrant, do hereby depose under oath and say that the information disclosed and any attachments are true and correct.

  
Signature

Sworn to and subscribed before me this 1<sup>st</sup> day of October, 2024.



  
Notary Public

My Commission Expires: 01/24/2027