

**LOBBYIST STATEMENT
ANNUAL STATEMENT OF EXPENDITURES**

AUTHORITY: COOPER CITY CODE OF ORDINANCES SECTION 2-233

NAME: Debbie Orshefsky
(LOBBYIST) (Please PRINT - Last name, first name, M.I.)

COMPANY: Greenberg Traurig

MAILING ADDRESS: 401 East Las Olas Boulevard
Ft. Lauderdale, Fl 33301

TELEPHONE: 954-768-8234

For the Period from January 1, 2013 through December 31, 2013.

This form shall be filed by 5:00 p.m., January 15, 2014.

Forms not postmarked by Midnight, January 15, 2014 may be subject to a fine of \$50.00 for each late day.

Lobbying expenditures shall not include personal expenses for lodging, meals and travel.

Statement shall be filed even if there have been no expenditures during a reported period.

(NOTE: Use additional pages if necessary.)

EXPENDITURES

Purpose of Expenditure	Source of Funds	Amount
NONE	NONE	NONE

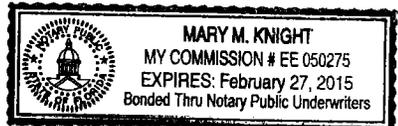
I do solemnly swear or affirm that all the foregoing facts are true and correct and that I have read Section 2-233 of the Cooper City Code of Ordinances, and that I am aware of the requirement for periodic filing and submission of other statements.

[Signature]
Signature

STATE OF Florida
COUNTY OF Broward

Sworn and subscribed to before me this 16th day of January 2014.

[Signature]
Notary or Deputy Secretary/Clerk



**LOBBYIST STATEMENT
ANNUAL STATEMENT OF EXPENDITURES**

AUTHORITY: COOPER CITY CODE OF ORDINANCES SECTION 2-233

NAME: Till, Kathryn
(LOBBYIST) (Please PRINT - Last name, first name, M.I.)

COMPANY: Kathy Till & Assoc. Inc.

MAILING ADDRESS: 1208 Errol Parkway, Apopka FL 32712

TELEPHONE: 407-484-3597

For the Period from January 1, 2013 through December 31, 2013.

This form shall be filed by 5:00 p.m., January 15, 2014.

Forms not postmarked by Midnight, January 15, 2014 may be subject to a fine of \$50.00 for each late day.

Lobbying expenditures shall not include personal expenses for lodging, meals and travel.

Statement shall be filed even if there have been no expenditures during a reported period.

(NOTE: Use additional pages if necessary.)

EXPENDITURES

Purpose of Expenditure	Source of Funds	Amount
n/a	n/a	n/a

I do solemnly swear or affirm that all the foregoing facts are true and correct and that I have read Section 2-233 of the Cooper City Code of Ordinances, and that I am aware of the requirement for periodic filing and submission of other statements.

Kathy Till
Signature

STATE OF Florida

COUNTY OF Orange

Sworn and subscribed to before me this 15 day of January 20 14.

Serena Dawn West
Notary of Deputy Secretary/Clerk

 SERENA DAWN WEST
NOTARY PUBLIC
STATE OF FLORIDA
Comm# EE012767
Expires 7/28/2014

**LOBBYIST STATEMENT
ANNUAL STATEMENT OF EXPENDITURES**

AUTHORITY: COOPER CITY CODE OF ORDINANCES SECTION 2-233

NAME: Backman, Scott E.
(LOBBYIST) (Please PRINT - Last name, first name, M.I.)

COMPANY: Dunay Miskel Backman + Blatner LLP

MAILING ADDRESS: 14 Southeast 4th Street, Suite 36
Boca Raton, FL 33432

TELEPHONE: 561-405-3325

For the Period from January 1, 2013 through December 31, 2013.

This form shall be filed by 5:00 p.m., January 15, 2014.

Forms not postmarked by Midnight, January 15, 2014 may be subject to a fine of \$50.00 for each late day.

Lobbying expenditures shall not include personal expenses for lodging, meals and travel.

Statement shall be filed even if there have been no expenditures during a reported period.

(NOTE: Use additional pages if necessary.)

EXPENDITURES

Purpose of Expenditure	Source of Funds	Amount
None	None	None

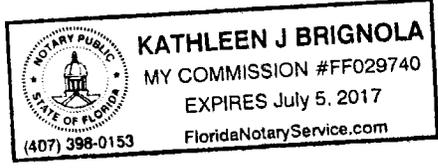
I do solemnly swear or affirm that all the foregoing facts are true and correct and that I have read Section 2-233 of the Cooper City Code of Ordinances, and that I am aware of the requirement for periodic filing and submission of other statements.

[Signature]
Signature

STATE OF Florida
COUNTY OF Palm Beach

Sworn and subscribed to before me this 13th day of January 2014.

[Signature]
Notary or Deputy/Secretary/Clerk



**LOBBYIST STATEMENT
ANNUAL STATEMENT OF EXPENDITURES**

AUTHORITY: COOPER CITY CODE OF ORDINANCES SECTION 2-233

NAME: STEVEN S. WHERRY
(LOBBYIST) (Please PRINT - Last name, first name, M.I.)

COMPANY: GREENSPOON MARDER, P.A.

MAILING ADDRESS: 100 West Cypress Creek Road, Suite 700
Fort Lauderdale, FL 33309

TELEPHONE: (754) 200-7017

For the Period from January 1, 2013 through December 31, 2013.

This form shall be filed by 5:00 p.m., January 15, 2014.

Forms not postmarked by Midnight, January 15, 2014 may be subject to a fine of \$50.00 for each late day.

Lobbying expenditures shall not include personal expenses for lodging, meals and travel.

Statement shall be filed even if there have been no expenditures during a reported period.

(NOTE: Use additional pages if necessary.)

EXPENDITURES

Purpose of Expenditure	Source of Funds	Amount
NONE	N/A	N/A

I do solemnly swear or affirm that all the foregoing facts are true and correct and that I have read Section 2-233 of the Cooper City Code of Ordinances, and that I am aware of the requirement for periodic filing and submission of other statements.

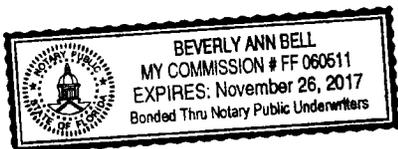
Signature _____

STATE OF FLORIDA

COUNTY OF BROWARD

Sworn and subscribed to before me this 13 day of JANUARY 2014.

Beverly Ann Bell
Notary or Deputy Secretary/Clerk



**LOBBYIST STATEMENT
ANNUAL STATEMENT OF EXPENDITURES**

AUTHORITY: COOPER CITY CODE OF ORDINANCES SECTION 2-233

NAME: Chakas, Nectaria
(LOBBYIST) (Please PRINT - Last name, first name, M.I.)

COMPANY: Lochrie + Chakas, PA

MAILING ADDRESS: 1401 E. Broward Blvd
Suite 303, Ft. Lauderdale FL 33301

TELEPHONE: 954-779-1123

For the Period from January 1, 2013 through December 31, 2013.

This form shall be filed by 5:00 p.m., January 15, 2014.

Forms not postmarked by Midnight, January 15, 2014 may be subject to a fine of \$50.00 for each late day.

Lobbying expenditures shall not include personal expenses for lodging, meals and travel.

Statement shall be filed even if there have been no expenditures during a reported period.

(NOTE: Use additional pages if necessary.)

EXPENDITURES

Purpose of Expenditure	Source of Funds	Amount
NONE		

I do solemnly swear or affirm that all the foregoing facts are true and correct and that I have read Section 2-233 of the Cooper City Code of Ordinances, and that I am aware of the requirement for periodic filing and submission of other statements.

Nectaria Chakas
Signature

STATE OF Florida

COUNTY OF Broward

Sworn and subscribed to before me this 14th day of January 20 14.

[Signature]
Notary or Deputy Secretary/Clerk



**DOROTHY RICHARD
NOTARY PUBLIC
STATE OF FLORIDA
Comm# EE213033
Expires 7/1/2016**

**LOBBYIST STATEMENT
ANNUAL STATEMENT OF EXPENDITURES**

AUTHORITY: COOPER CITY CODE OF ORDINANCES SECTION 2-233

NAME: Robert B. Lochrie
(LOBBYIST) (Please PRINT - Last name, first name, M.I.)

COMPANY: Lochrie & Chakas, P.A.

MAILING ADDRESS: 1401 E. Broward Blvd., Suite 303
Fort Lauderdale, FL 33301

TELEPHONE: (954)779-1101

For the Period from January 1, 2013 through December 31, 2013.

This form shall be filed by 5:00 p.m., January 15, 2014.

Forms not postmarked by Midnight, January 15, 2014 may be subject to a fine of \$50.00 for each late day.

Lobbying expenditures shall not include personal expenses for lodging, meals and travel.

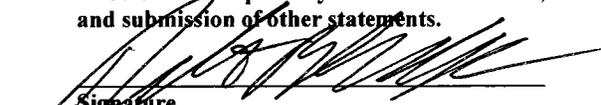
Statement shall be filed even if there have been no expenditures during a reported period.

(NOTE: Use additional pages if necessary.)

EXPENDITURES

Purpose of Expenditure	Source of Funds	Amount
n/a	n/a	n/a

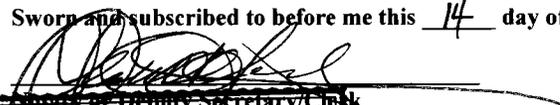
I do solemnly swear or affirm that all the foregoing facts are true and correct and that I have read Section 2-233 of the Cooper City Code of Ordinances, and that I am aware of the requirement for periodic filing and submission of other statements.


Signature

STATE OF Florida

COUNTY OF Broward

Sworn and subscribed to before me this 14 day of January 20 14.


Notary Public/Deputy Secretary/Clerk
ELIZABETH MENDEZ
MY COMMISSION # EE 076372
EXPIRES: April 18, 2015
Bonded Thru Notary Public Underwriters



**LOBBYIST STATEMENT
ANNUAL STATEMENT OF EXPENDITURES**

AUTHORITY: COOPER CITY CODE OF ORDINANCES SECTION 2-233

NAME: CALhoun, Hope
(LOBBYIST) (Please PRINT - Last name, first name, M.I.)

COMPANY: Becker & Poliakoff

MAILING ADDRESS: 1 E. Broward Blvd
Pt. Lauderdale, FL 33301

TELEPHONE: 954 - 364 - 6083

For the Period from January 1, 2013 through December 31, 2013.

This form shall be filed by 5:00 p.m., January 15, 2014.

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Statement shall be filed even if there have been no expenditures during a reported period.

(NOTE: Use additional pages if necessary.)

EXPENDITURES

Purpose of Expenditure	Source of Funds	Amount
<u>0-</u>		

I do solemnly swear or affirm that all the foregoing facts are true and correct and that I have read Section 2-233 of the Cooper City Code of Ordinances, and that I am aware of the requirement for periodic filing and submission of other statements.

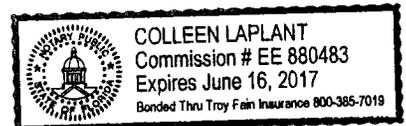
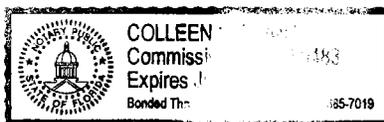
[Signature]
Signature

STATE OF Florida

COUNTY OF Broward

Sworn and subscribed to before me this 17 day of Jan. 20 14.

[Signature]
Notary or Deputy Secretary/Clerk



LOBBYIST STATEMENT
ANNUAL STATEMENT OF EXPENDITURES

11-01-13P01:34 RCVB

AUTHORITY: COOPER CITY CODE OF ORDINANCES SECTION 2-233

NAME: Quaranta, Hillary Dawn
(LOBBYIST) (Please PRINT - Last name, first name, M.I.)

COMPANY: Memorial Healthcare System

MAILING ADDRESS: 3501 Johnson St
Hollywood, FL 33821

TELEPHONE: 954-265-9912

For the Period from January 1, 2013 through December 31, 2013.

This form shall be filed by 5:00 p.m., January 15, 2014.

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Lobbying expenditures shall not include personal expenses for lodging, meals and travel.

Statement shall be filed even if there have been no expenditures during a reported period.

(NOTE: Use additional pages if necessary.)

EXPENDITURES

Purpose of Expenditure	Source of Funds	Amount
<u>NONE</u>		

I do solemnly swear or affirm that all the foregoing facts are true and correct and that I have read Section 2-233 of the Cooper City Code of Ordinances, and that I am aware of the requirement for periodic filing and submission of other statements.

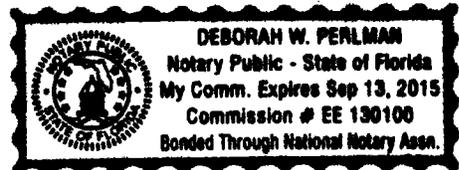
Quaranta
Signature

STATE OF FLORIDA

COUNTY OF BROWARD

Sworn and subscribed to before me this 30TH day of OCTOBER 2013.

Deborah W. Perlman
Notary or Deputy Secretary/Clerk



**LOBBYIST STATEMENT
ANNUAL STATEMENT OF EXPENDITURES**

AUTHORITY: COOPER CITY CODE OF ORDINANCES SECTION 2-233

NAME: Dennis D. Mele
(LOBBYIST) (Please PRINT - Last name, first name, M.I.)

COMPANY: Greenspoon Marder

MAILING ADDRESS: 100 W. Cypress Creek Road
Fort Lauderdale, FL 33309

TELEPHONE: 954-527-2409

For the Period from January 1, 2013 through December 31, 2013.

This form shall be filed by 5:00 p.m., January 15, 2014.

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(NOTE: Use additional pages if necessary.)

EXPENDITURES

Purpose of Expenditure	Source of Funds	Amount
None		

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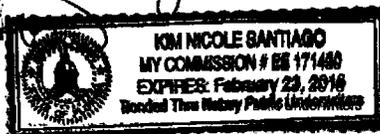
D. D. Mele
Signature

STATE OF Florida

COUNTY OF Broward

Sworn and subscribed to before me this 13 day of Jan 2014.

Kim Nicole Santiago
Notary of Deputy Secretary/Clerk



**LOBBYIST STATEMENT
ANNUAL STATEMENT OF EXPENDITURES**

AUTHORITY: COOPER CITY CODE OF ORDINANCES SECTION 2-233

NAME: Benz, John A.
(LOBBYIST) (Please PRINT - Last name, first name, M.I.)

COMPANY: Memorial Healthcare System

MAILING ADDRESS: 3501 Jamison St
Hollywood, FL 33021

TELEPHONE: 954-265-3451

For the Period from January 1, 2013 through December 31, 2013.

This form shall be filed by 5:00 p.m., January 15, 2014.

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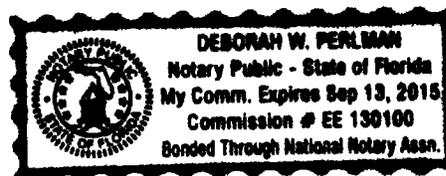
EXPENDITURES

Purpose of Expenditure	Source of Funds	Amount
<u>none</u>		

I do solemnly swear or affirm that all the foregoing facts are true and correct and that I have read Section 2-233 of the Cooper City Code of Ordinances, and that I am aware of the requirement for periodic filing and submission of other statements.

John A. Benz
Signature

STATE OF FLORIDA
COUNTY OF BROWARD



Sworn and subscribed to before me this 30th day of October 2013

Deborah W. Perlman
Notary or Deputy Secretary/Clerk

**LOBBYIST STATEMENT
ANNUAL STATEMENT OF EXPENDITURES**

AUTHORITY: COOPER CITY CODE OF ORDINANCES SECTION 2-233

NAME: Morrill, Matthew, E
(LOBBYIST) (Please PRINT - Last name, first name, M.I.)

COMPANY: MATHEW E. MORRILL PA

MAILING ADDRESS: 2850 N. ANDREWS AVE
FT LAUD FL. 33311

TELEPHONE: 957 - 563 - 4005

For the Period from January 1, 2013 through December 31, 2013.

This form shall be filed by 5:00 p.m., January 15, 2014.

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(NOTE: Use additional pages if necessary.)

EXPENDITURES NONE

Purpose of Expenditure	Source of Funds	Amount
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

I do solemnly swear or affirm that all the foregoing facts are true and correct and that I have read Section 2-233 of the Cooper City Code of Ordinances, and that I am aware of the requirement for periodic filing and submission of other statements.

Matthew E. Morrill
Signature

STATE OF Florida

COUNTY OF Broward

Sworn and subscribed to before me this 13 day of JAN 2014.

L. Geary
Notary or Deputy Secretary/Clerk

