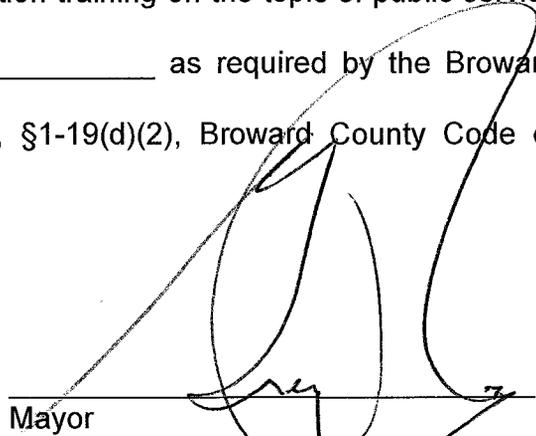


Date 6/27/14

Susan Poling
City Clerk
Cooper City, Florida
9090 S.W. 90th Place
Cooper City, FL 33328

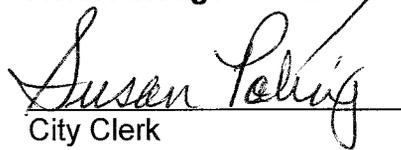
CERTIFICATION OF COMPLETION OF ANNUAL ETHICS TRAINING

I, Cooper City Mayor Greg Ross, hereby certify that I have completed eight (8) hours of continuing education training on the topic of public service ethics for the reporting year ending 2014 as required by the Broward County Code of Ethics for Elected Officials, §1-19(d)(2), Broward County Code of Ordinances.



Mayor

Acknowledgement of Receipt:



City Clerk

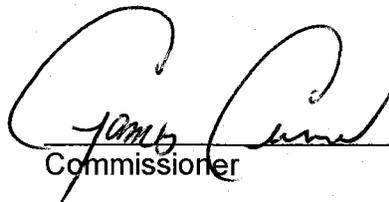
6/30/14
Date

Date 7/14/14

Susan Poling
City Clerk
Cooper City, Florida
9090 S.W. 90th Place
Cooper City, FL 33328

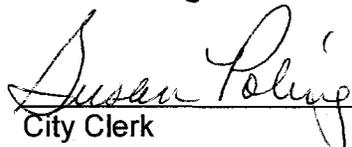
CERTIFICATION OF COMPLETION OF ANNUAL ETHICS TRAINING

I, Cooper City Commissioner James Curran, hereby certify that I have completed eight (8) hours of continuing education training on the topic of public service ethics for the reporting year ending 2014 as required by the Broward County Code of Ethics for Elected Officials, §1-19(d)(2), Broward County Code of Ordinances.



Commissioner

Acknowledgement of Receipt:



City Clerk

7/15/14

Date

ANNUAL TRAINING CERTIFICATION FORM
FOR ELECTED OFFICIALS

10-10-14 P03:13 OUT

BROWARD CODE OF ETHICS FOR ELECTED OFFICIALS

NAME OF ELECTED OFFICIAL: John Sims
TITLE: Commissioner
GOVERNMENTAL ENTITY: City of Cooper City
CURRENT TERM BEGAN ON: 11/04/2010
CURRENT TERM EXPIRES ON: 11/04/2014
REPORTING PERIOD: CALENDAR YEAR 20 14

ALL NEW OFFICIALS CHECK AND COMPLETE IF APPLICABLE:

I CERTIFY that I participated in four (4) hours or more of training in public service ethics, Sunshine law, and public records, within 120 days of taking office and during the reporting period, as follows:
Date(s) of training: _____
Entity providing training: _____
Amount of training provided: _____

ALL OFFICIALS CHECK AND COMPLETE ONE OF THE FOLLOWING THREE BOXES:

I CERTIFY that I was in office during the entire calendar year being reported and participated in eight (8) hours or more of training in public service ethics during the reporting period, as follows:
Date(s) of training: 10/09/2014 10/10/2014
Entity providing training: FL Commission on Ethics and Florida Institute of Government
Amount of training provided: 8+ hours - * See below

I CERTIFY that I took office on or before September 30 of the calendar year being reported and participated in forty (40) minutes or more of training in public service ethics for each full calendar month I was in office during the reporting period, as follows:
Number of full calendar months in office in the calendar year being reported: _____
Date(s) of training: _____
Entity providing training: _____
Total amount of training provided (including any reported above): _____

I CERTIFY that I took office on or after October 1 of the calendar year being reported.

CHECK AND COMPLETE IF APPLICABLE:

Check here if this form amends a previously filed form. THIS FORM REPLACES ALL PREVIOUSLY FILED FORMS FOR CALENDAR YEAR 20 _____

SIGNATURE OF ELECTED OFFICIAL: _____

DATE OF SIGNATURE: 10 / 10 / 20 ¹⁴
Month Day Year

* Code of Ethics for Public Officers and Employees, and the Public Records and Public Meetings Laws, 3h. 10m.;
Voting Conflicts - Local Officers, 55m.; Ethics Laws, 55m.; Senate Ethics Training 3h. 10m.

ANNUAL TRAINING CERTIFICATION FORM
FOR ELECTED OFFICIALS

BROWARD CODE OF ETHICS FOR ELECTED OFFICIALS

NAME OF ELECTED OFFICIAL: Jeff Green
TITLE: Commissioner
GOVERNMENTAL ENTITY: City of Cooper City
CURRENT TERM BEGAN ON: 11/06/2012
CURRENT TERM EXPIRES ON: 11/08/2016
REPORTING PERIOD: CALENDAR YEAR 20 14

ALL NEW OFFICIALS CHECK AND COMPLETE IF APPLICABLE:

I CERTIFY that I participated in four (4) hours or more of training in public service ethics, Sunshine law, and public records, within 120 days of taking office and during the reporting period, as follows:
Date(s) of training: _____
Entity providing training: _____
Amount of training provided: _____

ALL OFFICIALS CHECK AND COMPLETE ONE OF THE FOLLOWING THREE BOXES:

I CERTIFY that I was in office during the entire calendar year being reported and participated in eight (8) hours or more of training in public service ethics during the reporting period, as follows:
Date(s) of training: 07/08/2014 10/21/2014
Entity providing training: Office of Inspector General/FL Institute of Gov/FAU
Amount of training provided: 8 hours

I CERTIFY that I took office on or before September 30 of the calendar year being reported and participated in forty (40) minutes or more of training in public service ethics for each full calendar month I was in office during the reporting period, as follows:
Number of full calendar months in office in the calendar year being reported: _____
Date(s) of training: _____
Entity providing training: _____
Total amount of training provided (including any reported above): _____

I CERTIFY that I took office on or after October 1 of the calendar year being reported.

CHECK AND COMPLETE IF APPLICABLE:

Check here if this form amends a previously filed form. THIS FORM REPLACES ALL PREVIOUSLY FILED FORMS FOR CALENDAR YEAR 20 ____

SIGNATURE OF ELECTED OFFICIAL: Jeff Green
DATE OF SIGNATURE: 10 / 27 / 2014
Month Day Year

ANNUAL TRAINING CERTIFICATION FORM
FOR ELECTED OFFICIALS

BROWARD CODE OF ETHICS FOR ELECTED OFFICIALS

NAME OF ELECTED OFFICIAL: Lisa Mallozzi

TITLE: Commissioner

GOVERNMENTAL ENTITY: City of Cooper City

CURRENT TERM BEGAN ON: 11/02/2010

CURRENT TERM EXPIRES ON: 11/04/2014

REPORTING PERIOD: CALENDAR YEAR 20 14

ALL NEW OFFICIALS CHECK AND COMPLETE IF APPLICABLE:

I CERTIFY that I participated in four (4) hours or more of training in public service ethics, Sunshine law, and public records, within 120 days of taking office and during the reporting period, as follows:
Date(s) of training: _____
Entity providing training: _____
Amount of training provided: _____

ALL OFFICIALS CHECK AND COMPLETE ONE OF THE FOLLOWING THREE BOXES:

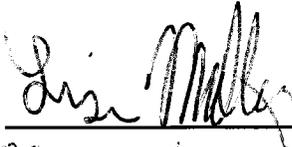
I CERTIFY that I was in office during the entire calendar year being reported and participated in eight (8) hours or more of training in public service ethics during the reporting period, as follows:
Date(s) of training: 08/14/2014 08/15/2014 10/21/2014
Entity providing training: Florida League of Cities Conference/FL Institute of Gov/FAU
Amount of training provided: 8+ hours

I CERTIFY that I took office on or before September 30 of the calendar year being reported and participated in forty (40) minutes or more of training in public service ethics for each full calendar month I was in office during the reporting period, as follows:
Number of full calendar months in office in the calendar year being reported: _____
Date(s) of training: _____
Entity providing training: _____
Total amount of training provided (including any reported above): _____

I CERTIFY that I took office on or after October 1 of the calendar year being reported.

CHECK AND COMPLETE IF APPLICABLE:

Check here if this form amends a previously filed form. THIS FORM REPLACES ALL PREVIOUSLY FILED FORMS FOR CALENDAR YEAR 20 _____

SIGNATURE OF ELECTED OFFICIAL: 

DATE OF SIGNATURE: 10 / 28 , 20 14
Month Day Year